

DEPT.-65

JOB- 28

REEL- 6

CITY OF BALTIMORE

HEALTH DEPT.

BUREAU OF

VITAL STATISTICS

BIRTHS

BEGINNING 1875

REQUEST FOR RETENTION PERIOD

To: Records Management Officer
Room 408, City Hall, Baltimore, 2, Md.

Authorization No.

346

Department:

Health

Bureau:

Vital Statistics

Record Identification

1. TITLE: Certificate of Live Birth		2. Form No. if available		3. Type—(cards, paper, etc.) Bound Book	
4. Dates	5. Volume accumulated yearly	6. Size of Record Misc.		7. Number of copies made	
8. Authorization Requested (check only one (1) of the squares below)					
A. Establish retention period for <input type="checkbox"/> records which are accumulating daily		B. Dispose of present accumulation, no additional accumulation anticipated. <input type="checkbox"/>		C. Microfilm and destroy originals. <input type="checkbox"/>	
				D. Microfilm and retain originals for length of time indicated below. <input checked="" type="checkbox"/>	
9. Recommended Retention Period			10. Equipment and space freed.		
a. In Dept. 70 yrs.			b. In Storage Center Micro. Perm.		
c. Total and Micro. Perm.			11. In your opinion does this record have any historical significance? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
12. DESCRIPTION OF RECORD: (describe accurately and show recommended retention period.)					

These are vital records known as Certificates of Live Birth, required by statute to be registered with the Baltimore City Health Department within several days after the occurrence.

RETENTION PERIOD REQUESTED: Microfilm all Certificates in duplicate retaining the film permanently, and store the duplicate rolls of film for security purposes. Retain original birth certificates Seventy (70) years after date of registration, and then destroy after microfilming.

Department or Bureau Approval

Title:

Robert E. Farber
Commissioner of Health3/28/63
Date

Recommendation of Records Management Officer

13. Recommended Retention Period			14. Disposal Method		
a. In Dept. 70 yrs.	b. In Storage Center Microfilm Permanent	c. Total and Microfilm Permanent	A. To be sold as scrap or waste paper <input checked="" type="checkbox"/>	B. To be Burned or shredded <input type="checkbox"/>	C. Historical, (to be transferred to Dept. of Legislative Reference.) <input type="checkbox"/>
REMARKS: 2 negative Rolls 1 Positive Roll					
			C. P. Poole Records Management Officer		
			3/28/63 Date		

APPROVALS OF RECORDS DISPOSAL COMMITTEE

KINDLY RETURN TO: RECORDS MANAGEMENT OFFICER
ROOM 408, CITY HALL, BALTIMORE 2, MD.

1. APPROVED: CITY AUDITOR

2. APPROVED: CITY SOLICITOR

3. APPROVED: CITY COMPTROLLER

4. APPROVED: CITY TREASURER

5. APPROVED: DIRECTOR, DEPT. OF PUBLIC WORKS

6. APPROVED: DIRECTOR OF THE MUNICIPAL MUSEUM

7. APPROVED: DIRECTOR, DEPT. OF LEGISLATIVE REFERENCE



CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

DECLARATION OF INTENT

THE CITY RECORDS MANAGEMENT OFFICER HEREBY DECLARES THAT
THE RECORDS MICROFILMED HEREIN, ARE ACTUAL RECORDS OF THE
DEPARTMENT OF HEALTH BUREAU OF VITAL
STATISTICS CREATED DURING THE NORMAL COURSE OF BUSINESS
AND THAT THE MICROFILM WILL BE INSPECTED TO ASSURE COM-
PLETENESS OF COVERAGE, AND THAT:

THE MICROFILMING OF THE RECORDS IS ACCOMPLISHED AS PRO-
VIDED FOR IN REQUEST FOR RETENTION PERIOD, AUTHORIZATION
NO. 346 AS APPROVED BY THE RECORDS COMMITTEE IN
ACCORDANCE WITH ORDINANCE NO. 1096 APPROVED BY THE MAYOR
ON JUNE 4, 1954.

FILED ON FILM

IN

NUMERICAL ORDER

any person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

The 7th child

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

white

3. Date of Birth

born 25th August 1877.

4. Place of Birth (Street and Number)

No 120 Harmony Lane

5. Full Name of Mother

Elizabeth Bachman

6. Mother's Maiden Name

Elizabeth Keisel

7. Mother's Birthplace

Merddorf Duke of Meimar Saxony

8. Full Name of Father

Friedrich Bachman

9. Father's Occupation

Shoemaker

10. Father's Birthplace

Bavaria

Name of Medical Attendant, or other Person who makes this Return.

Mrs Somerfelt

Address

Remarks

assist or
in charge, who shall attend, assist or
within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children
born, its or their physical condition, whether still born or not, the full name, nativity, and residence
of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *25 of August.*

4. Place of Birth (Street and Number) *12 205 S. Race St*

5. Full Name of Mother *Elizabeth Bingel*

6. Mother's Maiden Name *Elizabeth Thomas*

7. Mother's Birthplace *Baltimore City*

8. Full Name of Father *William Bingel*

9. Father's Occupation *Barber*

10. Father's Birthplace *Germany*

Name of Medical Attendant, or other Person who makes this Return. *Samuel M. M. M.*

Address

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20253

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Fourth Child*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *23rd of August 1877*
4. Place of Birth (Street and Number) *Fredrick avenue near road*
5. Full Name of Mother *Clara Virginia Green*
6. Mother's Maiden Name *" " Keyser*
7. Mother's Birthplace *Fredrick City*
8. Full Name of Father *Francis A Green*
9. Father's Occupation *Black Smoker*
10. Father's Birthplace *Baltimore City*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Sumnerfield*
- Address
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20254

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 25 August
4. Place of Birth (Street and Number) 89 Lombard Street
5. Full Name of Mother Emma Goshard
6. Mother's Maiden Name Waples
7. Mother's Birthplace Germany
8. Full Name of Father Edward Goshard
9. Father's Occupation Carpenter
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Stephen V. Moore
- Address 4070 Lombard Street
- Remarks

At the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

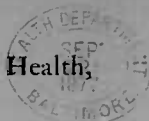


- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4.*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *25 August*
4. Place of Birth (Street and Number)
5. Full Name of Mother *Anner March*
6. Mother's Maiden Name *Marble*
7. Mother's Birthplace *Garrison*
8. Full Name of Father *Robert March*
9. Father's Occupation *Steamer*
10. Father's Birthplace *Garrison*
- Name of Medical Attendant, or other Person who makes this Return. *Sophia Dixon*
- Address *20256*
- Remarks

any person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20256



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *August 25 1877.*
4. Place of Birth (Street and Number) *No 156 Eden st*
5. Full Name of Mother *Elizabeth Talien*
6. Mother's Maiden Name *Elizabeth Sauer*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Christian Talien*
9. Father's Occupation *Barkeeper.*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this return *Dena Helligquist.*
- Address *No 182 Monument st*
- Remarks

At the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20257

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *August 25th 1877*
4. Place of Birth (Street and Number) *193 Sharp Street*
5. Full Name of Mother *Margaretta Arensch*
6. Mother's Maiden Name *" " Kirchheimer*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Heinrich Arensch*
9. Father's Occupation *Shoe Maker*
10. Father's Birthplace *Germany*
Name of Medical Attendant, or other Person who makes this return *Catharina Münch*
Address *74 Leadenhall Street*
Remarks

any person at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20258

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c) *3^d*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *25 of Aug*

4. Place of Birth (Street and Number) *228*

5. Full Name of Mother *Anna J. Wesprach*

6. Mother's Maiden Name *Shorewald*

7. Mother's Birthplace *Kochessee*

8. Full Name of Father *Thomas Wesprach*

9. Father's Occupation *Kochessee*

10. Father's Birthplace *Spylas*

Name of Medical Attendant, or other Person who makes this Return. *Wm. H. Spylas*

Address *328 S. Green St.*

Remarks

At the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1st
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 25th of Aug.
4. Place of Birth (Street and Number) 285 J. Pratt.
5. Full Name of Mother Anna Whittinghurst
6. Mother's Maiden Name Fink
7. Mother's Birthplace Balto.
8. Full Name of Father George Whittinghurst
9. Father's Occupation Board maker
10. Father's Birthplace Aqueduct Germany.
Name of Medical Attendant, or other Person who makes this Return. Mary Brock
Address 328 E. Euterpe St.
Remarks

Persons at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20260

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *August 25th*
4. Place of Birth (Street and Number) *281 Mulberry St*
5. Full Name of Mother *Annie Catharine Smith*
6. Mother's Maiden Name *Annie Catharine Haberkorn*
7. Mother's Birthplace *Farmstead, German Empire*
8. Full Name of Father *Ferdinand Charles Smith*
9. Father's Occupation *Cabinet maker*
10. Father's Birthplace *Baltimore City*
Name of Medical Attendant, or other Person who makes this Return.
Address *Mrs. Seebach 439 West Pratt St*
Remarks

any person who is present at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race) ~~25th of August.~~
3. Date of Birth 25th of August.
4. Place of Birth (Street and Number) Biddle St. 218.
5. Full Name of Mother Susan M. Rolf.
6. Mother's Maiden Name Susan M. Cenz.
7. Mother's Birthplace Baltimore.
8. Full Name of Father A. Rolf.
9. Father's Occupation Shoe Maker
10. Father's Birthplace Holtzman.
- Name of Medical Attendant, or other Person who makes this Return. Mrs Dunder No. 60. Shoreline. Gt.
- Address _____
- Remarks _____

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

202621

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3^d*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *August 25th 1877*
4. Place of Birth (Street and Number) *188 Eastern av*
5. Full Name of Mother *Caroline Sommer*
6. Mother's Maiden Name *"Betty"*
7. Mother's Birthplace *New York*
8. Full Name of Father *Carl Sommer*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this return *Mrs Louise Thraft*
- Address
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20268

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c) 6th
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) _____
3. Date of Birth Aug 25th 1877
4. Place of Birth (Street and Number) 90 S Edens str
5. Full Name of Mother Anna Catharina Gresser
6. Mother's Maiden Name " Frey
7. Mother's Birthplace Germany
8. Full Name of Father Peter Gresser
9. Father's Occupation Cooper
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Buschman
- Address 120 Bank str
- Remarks _____

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20264

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) # 1 No 11

1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *25th of August*
4. Place of Birth (Street and Number) *567 Williams St Baltimore City*
5. Full Name of Mother *Emily Jane McQuinnell*
6. Mother's Maiden Name *Emily Jane McQuinnell*
7. Mother's Birthplace *Baltimore City*
8. Full Name of Father *Thomas McQuinnell*
9. Father's Occupation *Trades Dealer*
10. Father's Birthplace *America*

Name of Medical Attendant, or other Person who makes this Return.

Address *no 77 Mc Clary street Baltimore City*

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20265

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1th
1. Sex (state whether Male or Female) Boy
2. Race or Color (if not of the white race) White
3. Date of Birth 25 August
4. Place of Birth (Street and Number) 54 Wolfe Street
5. Full Name of Mother Magie Luff
6. Mother's Maiden Name Diegier
7. Mother's Birthplace Baltimore
8. Full Name of Father Dorian Diegier
9. Father's Occupation
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return Marie Güttner
- Address Wolfe Street 245
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20266

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Fourth*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *Negro*
3. Date of Birth *Aug. 25. 1877*
4. Place of Birth (Street and Number) *2 Brewer Alley*
5. Full Name of Mother *Mary E. Page,*
6. Mother's Maiden Name *Smith,*
7. Mother's Birthplace *Spartanburg Co., Virginia*
8. Full Name of Father *Maynard Page,*
9. Father's Occupation *Waiter*
10. Father's Birthplace *Essex Co., Virginia*
Name of Medical Attendant, or other Person who makes this Return. *J. L. Ingle M. D.*
Address *247 Lauwale St.*
Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20257

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c) *5th*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *25 Aug*

4. Place of Birth (Street and Number) *Gen. Hall & Stockholm*

5. Full Name of Mother *Lillian Mehus*

6. Mother's Maiden Name *Meier*

7. Mother's Birthplace *Assens*

8. Full Name of Father *Philip Mehus*

9. Father's Occupation *Restaurant keeper*

10. Father's Birthplace *Assens Denmark*

Name of Medical Attendant, or other Person who makes this Return. *Wm. H. H. H.*

Address *325 S. Calver St.*

Remarks

Notice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20269

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *5th*

1. Sex (state whether Male or Female) *Boy*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *28 August*

4. Place of Birth (Street and Number) *77 Thon Street*

5. Full Name of Mother *Liese Kleyber*

6. Mother's Maiden Name *Wegner*

7. Mother's Birthplace *Olavnikau*

Germany

8. Full Name of Father *Karl Wegner*

9. Father's Occupation

10. Father's Birthplace *Hessen*

Name of Medical Attendant, or other Person who makes this Return.

Margie Gütter

Address

Wolfe Street No 245

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *in Baltimore*
1. Sex (state whether Male or Female) *yeater*
2. Race or Color (if not of the white race) *it is White Race*
3. Date of Birth *26 august 1877*
4. Place of Birth (Street and Number) *Baltimore inn st No 78*
5. Full Name of Mother *Babey yarer*
6. Mother's Maiden Name *B yeatoseak*
7. Mother's Birthplace *yeater Lon*
8. Full Name of Father *yon yeatoseak*
9. Father's Occupation *laber*
10. Father's Birthplace *yeater Lon*
Name of Medical Attendant, or other Person who makes this Return. *Mary Dryde*
Address
Remarks

At the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th Child*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race)
3. Date of Birth *Aug. 26th 1877*
4. Place of Birth (Street and Number) *N 151 Hamburg St*
5. Full Name of Mother *Charlotte Kuehn*
6. Mother's Maiden Name *Reisling*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Casper Kuehn*
9. Father's Occupation *laborer*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *J. Schwasser midwife*
- Address *213 Cross St.*
- Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20271

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

10th child ✓
Female

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

Aug. 26th 1877

4. Place of Birth (Street and Number)

No 45 James Alley

5. Full Name of Mother

Maggie Grill

6. Mother's Maiden Name

Shuman

7. Mother's Birthplace

America

8. Full Name of Father

William Grill

9. Father's Occupation

Blacksmith

10. Father's Birthplace

America

Name of Medical Attendant, or other Person who makes this Return.

J. Lechopasser michoud
113 Cross st.

Address

Remarks

RETURN OF A BIRTH.

20272

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th Child
Female

1. Sex (state whether Male or Female)...

2. Race or Color (if not of the white race)...

3. Date of Birth

August 26th 1877

4. Place of Birth (Street and Number)

No. 302 South Bond St

5. Full Name of Mother

Elizabeth Hogbrook

6. Mother's Maiden Name

" Doxey

7. Mother's Birthplace

Germany

8. Full Name of Father

George Hogbrook

9. Father's Occupation

Tavern keeper

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Gertrude Miller

Address

No 151 E. Pratt St

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20273

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c) 10th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth Aug 26th 1877

4. Place of Birth (Street and Number) No 191 E Pratt str

5. Full Name of Mother Anna Mendel

6. Mother's Maiden Name " Schaumbach

7. Mother's Birthplace Germany

8. Full Name of Father Adam Mendel

9. Father's Occupation Driver

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Buschmann

Address 120 Bank str.

Remarks

As the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

202711

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *Yellow*

3. Date of Birth *26 Aug 1877*

4. Place of Birth (Street and Number) *At 9 Holligan St*

5. Full Name of Mother *Saranna Jones*

6. Mother's Maiden Name *Saranna Summers*

7. Mother's Birthplace *Baltimore City*

8. Full Name of Father *Wm H Jones*

9. Father's Occupation *Barber*

10. Father's Birthplace *Baltimore City*

Name of Medical Attendant, or other Person who makes this Return. *Dr. Patton*

Address *1111 E. Baltimore*

Remarks *Birth of child 26 Aug 1877*

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20275

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *second child.*
1. Sex (state whether Male or Female) *female*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *25 August*
4. Place of Birth (Street and Number) *Cambridge 101.*
5. Full Name of Mother *Ann*
6. Mother's Maiden Name *Mary Ann Disher*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *William Jones*
9. Father's Occupation *Carpenter*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Louisa Wiley*
- Address *No 12 Patagon Park Annew*
- Remarks

arrived at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20276

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *four*

1. Sex (state whether Male or Female) _____

2. Race or Color (if not of the white race) *White*

3. Date of Birth *26th August 1877*

4. Place of Birth (Street and Number) *Federal St.*

5. Full Name of Mother *Emily Keely*

6. Mother's Maiden Name *Coggins*

7. Mother's Birthplace *England*

8. Full Name of Father *Joseph Keely*

9. Father's Occupation *Plumbing & Gas Fitting*

10. Father's Birthplace *Ireland*

Name of Medical Attendant, or other Person who makes this Return. *Geo. W. Mayson*

Address *18 Osgy.*

Remarks _____

At the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (*state whether Male or Female*)

2. Race or Color (*if not of the white race*)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

August 26th 1877
243 W. Lombard St.
Mary Adler
Mary Jefferson Smith
Baltimore City
Abraham S. Adler
Merchant
German
John S. Meyer, M.D.
City

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20278

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth August the 26 1877
4. Place of Birth (Street and Number) Baltimore N. Henry St
5. Full Name of Mother Margaret Mary
6. Mother's Maiden Name Margaret Schumacher
7. Mother's Birthplace Baltimore M D
8. Full Name of Father George Murray
9. Father's Occupation Flowerist
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs S. Freilinger
- Address 274 Ramsey St
- Remarks

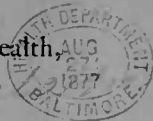
any person in charge, who shall attend, assist or within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20279

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth August 24 1877

4. Place of Birth (Street and Number) 134 Gough St.

5. Full Name of Mother Maggie Thompson

6. Mother's Maiden Name Maggie Hain

7. Mother's Birthplace Pennsylvania

8. Full Name of Father William Thompson

9. Father's Occupation Sailor

10. Father's Birthplace America

Name of Medical Attendant, or other Person who makes this return

Address 1217 N. E. Ave.

Remarks

Mrs. Mary Amend

Persons in charge, who shall attend, assist or within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20980

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

3. Date of Birth

August 26th 77.

4. Place of Birth (Street and Number)

65 N. Schroder St.

5. Full Name of Mother

Margarette Charlotte Markert

6. Mother's Maiden Name

Lohmeyer.

7. Mother's Birthplace

Germany.

8. Full Name of Father

August Markert.

9. Father's Occupation

Grocery

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return

Mrs. Dumlér

Address

N. 60 N. Schroder Street

Remarks

any person in charge, who shall attend, assist or
save at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid,
within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children
born, its or their physical condition, whether still born or not, the full name, nativity, and residence
of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Aug 27th 1877
4. Place of Birth (Street and Number) 308 Saratoga St
5. Full Name of Mother Hornie Town
6. Mother's Maiden Name Shaw
7. Mother's Birthplace Balto
8. Full Name of Father Cooper Town
9. Father's Occupation Prof of Milwau Dairy
10. Father's Birthplace Balto
- Name of Medical Attendant, or other Person who makes this Return. J. D. Booker
- Address 157 H Madison St
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20282

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 d.
 1. Sex (state whether Male or Female) Male
 2. Race or Color (if not of the white race) White
 3. Date of Birth 27. day. August. 1877.
 4. Place of Birth (Street and Number) Baltimore Weeseke St. No. 35.
 5. Full Name of Mother Schalotta Williamina Lora Schmitze
 6. Mother's Maiden Name do do do Edel
 7. Mother's Birthplace Germany
 8. Full Name of Father K. H. Fred Schmitze
 9. Father's Occupation Boxmaker
 10. Father's Birthplace Germany
 Name of Medical Attendant, or other Person who makes this Return.
 Address
 Remarks

Who at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20223



To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 27 May

4. Place of Birth (Street and Number) 400 N. Holliday

5. Full Name of Mother Mary Small

6. Mother's Maiden Name White

7. Mother's Birthplace Baltimore

8. Full Name of Father Wm. H. Small

9. Father's Occupation Ship Carpenter

10. Father's Birthplace Harbor Creek

Name of Medical Attendant, or other Person who makes this Return. W. H. Small

Address 400 N. Holliday

Remarks

See at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *in Baltimore*
1. Sex (state whether Male or Female) *1 sprines*
2. Race or Color (if not of the white race) *it is White Race*
3. Date of Birth *29 August 1877*
4. Place of Birth (Street and Number) *Baltimore Wisconsin St W 10 F.*
5. Full Name of Mother *Betsy Baker*
6. Mother's Maiden Name *yeadoshek*
7. Mother's Birthplace *1 sprines*
8. Full Name of Father *Frank yeadoshek*
9. Father's Occupation *labber*
10. Father's Birthplace *1 sprines*
- Name of Medical Attendant, or other Person who makes this Return. *Maray E. ...*
- Address
- Remarks

At the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

202811

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1 in Baltimore*
1. Sex (state whether Male or Female) *in Baltimore*
2. Race or Color (if not of the white race) *it is White race*
3. Date of Birth *27 August 1877*
4. Place of Birth (Street and Number) *in Baltimore Thames St. 11*
5. Full Name of Mother *Anna Furlik*
6. Mother's Maiden Name *Cuplan*
7. Mother's Birthplace *St. Piaras*
8. Full Name of Father *St. Piaras Cuplan*
9. Father's Occupation *Druggist*
10. Father's Birthplace *St. Piaras*
- Name of Medical Attendant, or other Person who makes this Return. *Mary A. Muntz*
- Address *67 Washington St*
- Remarks

in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 27 August
4. Place of Birth (Street and Number) 29 Spring Street
5. Full Name of Mother Julia Anna Soller
6. Mother's Maiden Name Binger
7. Mother's Birthplace Baltimore
8. Full Name of Father George Soller
9. Father's Occupation Copper
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Dr. J. C. Simon
- Address 2078 Broadway Street
- Remarks

RETURN OF A BIRTH.

20286

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

27 August

4. Place of Birth (Street and Number)

154 Chen Street

5. Full Name of Mother

Mary E. Buncie

6. Mother's Maiden Name

Mary E. Deal

7. Mother's Birthplace

Baltimore

8. Full Name of Father

David Buncie

9. Father's Occupation

Coach Driver

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Lidia A. Gannon

Address

296 E. Madison Street

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20287

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race)

3. Date of Birth 27th March 1877

4. Place of Birth (Street and Number) 18 Chesapeake St.

5. Full Name of Mother. Emergentia Waller

6. Mother's Maiden Name W. Karstader

7. Mother's Birthplace Germany

8. Full Name of Father Samuel Waller

9. Father's Occupation dealer

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this return Charles Cooper M.D.

Address 225 N. Howard St.

Remarks

at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *W*
3. Date of Birth *August 27th 1877*
4. Place of Birth (Street and Number) *No 16 Scott St.*
5. Full Name of Mother *Maggie Litz*
6. Mother's Maiden Name *Maggie Kelly*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Reinhart Litz*
9. Father's Occupation *Box Maker*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Jane Winnebago*
- Address *No 23 N. Liberty St.*
- Remarks

Persons attending the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20289

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Female 8*

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

White
August 27
102 Lancaster St
Barbey Rush
Barbey Sutter
Germany
William Rush
Butcher
Baltimore
Mary Conner

153 Collington Ave

advises at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20290

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... *6 Child*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *24 August*
4. Place of Birth (Street and Number) *Patterson Park No. 122*
5. Full Name of Mother *Josephine Amreich*
6. Mother's Maiden Name *Josephine Carl*
7. Mother's Birthplace *Bavaria*
8. Full Name of Father *Christoph Amreich*
9. Father's Occupation *Baker*
10. Father's Birthplace *Bavaria*
- Name of Medical Attendant, or other Person who makes this Return. *Louisa Wiley*
- Address *No. 12 Patterson Park Annew*
- Remarks

person in charge, who shall attend, assist or relieve at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20290



To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *sixth*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *27 August.*
4. Place of Birth (Street and Number) *123 Washington St.*
5. Full Name of Mother *Anna Blager*
6. Mother's Maiden Name *" Lukas.*
7. Mother's Birthplace *Koceron Bohemia*
8. Full Name of Father *John Blager*
9. Father's Occupation *Schoenmacker*
10. Father's Birthplace *Ceremie Bohemia*
- Name of Medical Attendant, or other Person who makes this Return. *J. Conna*
- Address *20 Barnes St.*
- Remarks

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20292



To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2^d Child*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *born Jan 24 August*
4. Place of Birth (Street and Number) *Corner Cooper and McKelton St. Locust Point*
5. Full Name of Mother *Maria Dittmann Meier*
6. Mother's Maiden Name *Maria Dittmann*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Ch. Meier*
9. Father's Occupation *Locum*
10. Father's Birthplace *Prussia*
Name of Medical Attendant, or other Person who makes this return *Friedrich Meiermann*
Address *178 Corner of Dallas and Eastern Av*
Remarks *Female*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20293

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *sixth*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *27 August*
4. Place of Birth (Street and Number) *168 N. Minnie St.*
5. Full Name of Mother *M. Rybak*
6. Mother's Maiden Name *M. Charvat*
7. Mother's Birthplace *Prebuzer Bohemia*
8. Full Name of Father *Josef Rybak*
9. Father's Occupation *Sailor*
10. Father's Birthplace *Wekowhli, Bohemia*
- Name of Medical Attendant, or other Person who makes this Return. *J. Thomas*
- Address *20 Barnes St.*
- Remarks

Every person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20294

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 d.
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth August 27 d. 1877
4. Place of Birth (Street and Number) Con. East E. in Madison St.
5. Full Name of Mother Kathrine Muesch
6. Mother's Maiden Name Kapla Dimling
7. Mother's Birthplace Baltimore
8. Full Name of Father Christian Kuoch
9. Father's Occupation Rutcher
10. Father's Birthplace Germany
Name of Medical Attendant, or other Person who makes this Return. Mame R. Radiger
Address 134 S. Bond Street
Remarks

advise at the birth of any child within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born in or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

20295

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *the fourth*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *August the 27 1877*
4. Place of Birth (Street and Number) *No 37 ~~Rose St~~ Rose St*
5. Full Name of Mother *Jane Lew*
6. Mother's Maiden Name *Jane Kelley*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Schoot Lew*
9. Father's Occupation *Labourer*
10. Father's Birthplace *Baltimore*
Name of Medical Attendant, or other Person who makes this Return. *Anne Emily Ball*
Address *No 171 South Chester St*
Remarks

Other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20296

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (State whether 1st, 2d, 3d, &c.)

1st Child of Mother.

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

Colored.

3. Date of Birth

August 27th 1877

4. Place of Birth (Street and Number)

241 Hunover St. Balt. Md.

5. Full Name of Mother

Eliza Johnson

6. Mother's Maiden Name

" Nowkins

7. Mother's Birthplace

Ana Rundle County Md.

8. Full Name of Father

William Johnson

9. Father's Occupation

Shoemaker

10. Father's Birthplace

Ana Rundle County Md.

Name of Medical Attendant, or other Person who makes this Return.

Elizabeth Scarborough

Address

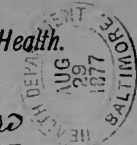
Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

20297



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3 -

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

August 27th 1877

4. Place of Birth (Street and Number)

No. 22 Hill St.

5. Full Name of Mother

Terese A. Gainer

6. Mother's Maiden Name

Michael

7. Mother's Birthplace

Maryland

8. Full Name of Father

Al. W. Gainer

9. Father's Occupation

Machinist

10. Father's Birthplace

Virginia

Name of Medical Attendant, or other Person who makes this Return.

R. G. Lee

Address

Harmon Barris

Remarks

in case at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20298

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *August 27th 1877*

4. Place of Birth (Street and Number) *35 Chapple St*

5. Full Name of Mother *Barbara Backofen*

6. Mother's Maiden Name *Barbara Smith*

7. Mother's Birthplace *Germany*

8. Full Name of Father *Henry Backofen*

9. Father's Occupation *Soldier*

10. Father's Birthplace *Germany*

Name of Medical Attendant, or other Person who makes this return *Mr. Henry Menden*

Address *121 N. 3d St*

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20299

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
 1. Sex (state whether Male or Female) Female
 2. Race or Color (if not of the white race) White
 3. Date of Birth 62 Eager St.
 4. Place of Birth (Street and Number) 27 Eager
 5. Full Name of Mother Leander White
 6. Mother's Maiden Name Eickstein
 7. Mother's Birthplace Baltimore
 8. Full Name of Father Charles White
 9. Father's Occupation Carpenter
 10. Father's Birthplace Europe
 Name of Medical Attendant, or other Person who makes this return Ursula Schrimmer
 Address No 23 Forest Place
 Remarks

RETURN OF A BIRTH.

20300

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13 Thirteenth
1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) colored
3. Date of Birth August 27
4. Place of Birth (Street and Number) corner Bank & Dallas no 66 Balto
5. Full Name of Mother Jane Rebecca Wilson
6. Mother's Maiden Name Jane R. Myers
7. Mother's Birthplace Baltimore
8. Full Name of Father James Wilson
9. Father's Occupation Wagner
10. Father's Birthplace Princes town Md
- Name of Medical Attendant, or other Person who makes this Return Leah Walker maid in attendance
- Address Eastern avenue
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Salvo at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Seventh*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *August 28th 1877*
4. Place of Birth (Street and Number) *N 130 W. Madison St*
5. Full Name of Mother *Susan McKim Hayes*
6. Mother's Maiden Name *Susan McKim Gordon*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *John Hayes*
9. Father's Occupation *Merchant*
10. Father's Birthplace *Fredericksburg Va*
- Name of Medical Attendant, or other Person who makes this Return *Dr. Truand M.D.*
- Address *N 114 Park Ave*
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20302

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

1st
Male
White
August 28th 1877
59 Curley St.
Sarah Emily Brown
Sarah Emily Brown
Groceries Co. Md
James Brown Brown
Mechanic
Baltimore City
G. Lawson M.D.
177 So. Howard St.

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20303 15

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Seventh*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Aug 28th 1897*
4. Place of Birth (Street and Number) *Castleman Fleet Str*
5. Full Name of Mother *Sarah H. Rhoades*
6. Mother's Maiden Name *Sarah Hamilton*
7. Mother's Birthplace *Baton*
8. Full Name of Father *James R. Rhoades*
9. Father's Occupation *Moulder*
10. Father's Birthplace *Baton*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Mary J. Simms*
- Address *#203 Porchington*
- Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20304

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th.
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth August 28th. 1877
4. Place of Birth (Street and Number) No. 172 N. Chestnut St.
5. Full Name of Mother Maria Musker
6. Mother's Maiden Name Agnes McCab
7. Mother's Birthplace Baltimore
8. Full Name of Father John Musker
9. Father's Occupation Plumber
10. Father's Birthplace Ireland
Name of Medical Attendant, or other Person who makes this Return Mrs. M. S. Bull
Address No. 181 N. Calver Avenue
Remarks All well.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20305

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... *first*
1. Sex (state whether Male or Female).... *Female*
2. Race or Color (if not of the white race).... *White*
3. Date of Birth.... *August 28. 1877*
4. Place of Birth (Street and Number).... *No. 337 N. Ezz. Street*
5. Full Name of Mother.... *Elvilda Harrington*
6. Mother's Maiden Name.... *Elvilda Smith*
7. Mother's Birthplace.... *Spring Valley N. Y.*
8. Full Name of Father.... *Wm. C. Harrington*
9. Father's Occupation.... *Harness maker.*
10. Father's Birthplace.... *Westwood N. J.*
- Name of Medical Attendant, or other Person who makes this Return..... *Mrs. W. A. Bull.*
- Address.... *No. 121 N. Carroll*
- Remarks.... *Female*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20306

To the Office of Registrar of Vital Statistics, Board of
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child ✓

1. Sex (state whether ~~Male~~ Female)
 2. Race or Color (if not of the white race) White
 3. Date of Birth August the 28th 1897
 4. Place of Birth (Street and Number) E Lombard St. No. 201.
 5. Full Name of Mother Katharina Hamman
 6. Mother's Maiden Name Katharina Miller
 7. Mother's Birthplace Eisingen. V. Wurtemberg. Germany
 8. Full Name of Father Jakob Hamman
 9. Father's Occupation Cabinet Maker
 10. Father's Birthplace Hebesau V. Wurtemberg. Germany
- Name of Medical Attendant, or other Person who makes this return Mary E. Muller
- Address N. Dallas St. No. 26.
- Remarks dead born

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20306 ¹/₂

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *in Baltimore*
1. Sex (state whether Male or Female) *in Baltimore*
2. Race or Color (if not of the white race) *it is White Race*
3. Date of Birth *28 August 1877*
4. Place of Birth (Street and Number) *Baltimore ann St 55*
5. Full Name of Mother *Esther Stiggar*
6. Mother's Maiden Name *Auto Stiggar*
7. Mother's Birthplace *Caplarsh lag*
8. Full Name of Father *Isabel Stiggar*
9. Father's Occupation *Caplarsh lag*
10. Father's Birthplace *Caplarsh lag*
- Name of Medical Attendant, or other Person who makes this Return *Mary Knight*
- Address
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20307

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) _____
1. Sex (state whether Male or Female) ~~Female~~ **Male**
2. Race or Color (if not of the white race) **Colored**
3. Date of Birth **Aug 28th, 77**
4. Place of Birth (Street and Number) **255 Mc Donough**
5. Full Name of Mother **Hester A Banks**
6. Mother's Maiden Name **" " Griffin**
7. Mother's Birthplace **Baltimore City**
8. Full Name of Father **John W Banks**
9. Father's Occupation **Barber**
10. Father's Birthplace **Escholtz Co Md**
- Name of Medical Attendant, or other Person who makes this Return. **Ed Hall, Physician**
- Address **151 Annapolis St**
- Remarks _____

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20307

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *12 Grand*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Dec 28 Ann August 1844*
4. Place of Birth (Street and Number) *No 50 14 Pennsylvania Avenue*
5. Full Name of Mother *Rochester Johnson*
6. Mother's Maiden Name *Rochester Johnson*
7. Mother's Birthplace *Prussia*
8. Full Name of Father *Jacob Johnson*
9. Father's Occupation *Engineer*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this return *Fabianus Yonker signifying*
- Address *N 14 Johnson Street*
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20308

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9

1. Sex (state whether Male or Female)

male

2. Race or Color (if not of the white race)

3. Date of Birth

38th August

4. Place of Birth (Street and Number)

177 Bolton St.

5. Full Name of Mother

Abigail Donahue

6. Mother's Maiden Name

M. Doherty

7. Mother's Birthplace

M. Maher

8. Full Name of Father

John Donahue

9. Father's Occupation

Carpenter

10. Father's Birthplace

Ireland

Name of Medical Attendant, or other Person who makes this return

Charles B. B. B.

Address

177 Bolton St.

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3*
1. Sex (state whether Male or Female) *male*
2. Race or Color (if not of the white race)
3. Date of Birth *28th Aug 1877*
4. Place of Birth (Street and Number) *606 E. B. St.*
5. Full Name of Mother *Josephine Davis*
6. Mother's Maiden Name *Lewis*
7. Mother's Birthplace *States of America*
8. Full Name of Father *John Davis*
9. Father's Occupation *Carpenter*
10. Father's Birthplace *States of America*
- Name of Medical Attendant, or other Person who makes this return *Dr. J. C. Delany*
- Address *53 E. Lombard St.*
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20310

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *fourth*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *28 Aug*

4. Place of Birth (Street and Number) *200 S. Bond St.*

5. Full Name of Mother *Chr. Wölger*

6. Mother's Maiden Name *Simma*

7. Mother's Birthplace *Balto. Md.*

8. Full Name of Father *Anton Simma*

9. Father's Occupation *Tailor*

10. Father's Birthplace *Hrivan Bohemia*

Name of Medical Attendant, or other Person who makes this Return. *J. Conrad*

Address *200 Barnes St.*

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar, aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *August 28th*
4. Place of Birth (Street and Number) *72. Seckys St.*
5. Full Name of Mother *Annie Rebecca McLean*
6. Mother's Maiden Name *Angie Rebecca Kirby*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *John McLean*
9. Father's Occupation *Clerk*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Dane Guy*
- Address *77 Mulcandy St.*
- Remarks

advise as to the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd Kind*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *Weiss*

3. Date of Birth *geboren den 18^{ten} August*

4. Place of Birth (Street and Number) *N^o 249 Lettel Str*

5. Full Name of Mother *Elisa Salz*

6. Mother's Maiden Name *Elisa Lenz.*

7. Mother's Birthplace *Deutschland*

8. Full Name of Father *Johann Salz*

9. Father's Occupation *Handwerker*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this return *Friederike Kaufmann*

Address *N^o 178 Corner of Dillies und Eastern Ave*

Remarks *Heim*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20313



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2^d

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

August 28th 1877

4. Place of Birth (Street and Number)

100 Leadenhall St

5. Full Name of Mother

Lohra Schmitt

6. Mother's Maiden Name

Lohra Burger

7. Mother's Birthplace

Baltimore

8. Full Name of Father

John Schmitt

9. Father's Occupation

Laborer

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this return

Catharina Muehle

Address

74 Leadenhall St

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20311-

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *This is the second*
1. Sex (state whether Male or Female) *This is Female*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *born on 26 of August 1877*
4. Place of Birth (Street and Number) *Down St No 35*
5. Full Name of Mother *Hester Reason*
6. Mother's Maiden Name *Hester Yeom*
7. Mother's Birthplace *Kent County Md*
8. Full Name of Father *Samuel Reason*
9. Father's Occupation *Stearmaker*
10. Father's Birthplace *Kent County Md*
Name of Medical Attendant, or other Person who makes this Return. *Fannie Cork*
Address *No 10 Penaly*
Remarks *No remarks*

RETURN OF A BIRTH.

20315

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c) *3d*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *Aug 28th 1877*
4. Place of Birth (Street and Number) *167 Maryland Alley*
5. Full Name of Mother *Barbara Kuegel*
6. Mother's Maiden Name *" Hoern*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Frederick Kuegel*
9. Father's Occupation *Brick maker*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Elizabeth Barshman*
- Address *120 Banks str*
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20316

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth August 28th 1877

4. Place of Birth (Street and Number) Cor. Merimond in, Hasted

5. Full Name of Mother Henriette Flehman

6. Mother's Maiden Name Henriette Klinge

7. Mother's Birthplace Baltimore

8. Full Name of Father Isidor Flehman

9. Father's Occupation Pulcher

10. Father's Birthplace Germane

Name of Medical Attendant, or other Person who makes this Return. Dr. R. Rudiger

Address 124 Bond St.

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*)

1. Sex (*state whether Male or Female*)

2. Race or Color (*if not of the white race*)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

August 28th 1877
Washington Road, near Bay Line's
Mary E. Chipman.
Mary E. Chipman.
Baltimore City.
Daniel Chipman.
Miller.
Larson & Co., M.D.
John S. R. Prosser, M.D.
City

Every physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20318

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th Child of Mother.

1. Sex (state whether Male or Female)

Female.

2. Race or Color (if not of the white race)

White.

3. Date of Birth

August 22nd 1877

4. Place of Birth (Street and Number)

No. 157 West St. Balt. Md.

5. Full Name of Mother

Mary Fitzmaurice.

6. Mother's Maiden Name

" Morgan.

7. Mother's Birthplace

Galway County, Ireland.

8. Full Name of Father

Walter Fitzmaurice

9. Father's Occupation

Labourer.

10. Father's Birthplace

Galway County, Ire.

Name of Medical Attendant, or other Person who makes this Return.

Eliaketh Scarborough.

Address

Remarks

advise at the birth of any child. within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20319

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1, child*
1. Sex (state whether Male or Female) *male*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *august 28 1877*
4. Place of Birth (Street and Number) *21 porte ally*
5. Full Name of Mother *emmy haas*
6. Mother's Maiden Name *emmy stam baugh*
7. Mother's Birthplace *new m. strania*
8. Full Name of Father *frances haas*
9. Father's Occupation *laborer*
10. Father's Birthplace *baltimore city*
- Name of Medical Attendant, or other Person who makes this Return. *Rachel Ann Garrett*
- Address *133 nicomine st*
- Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20320

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

August 29th 1877

4. Place of Birth (Street and Number)

1846 E. Monument St.

5. Full Name of Mother

Henrietta Gillmann

6. Mother's Maiden Name

Henrietta Walter

7. Mother's Birthplace

Baltimore, Md.

8. Full Name of Father

Louis Gillmann

9. Father's Occupation

Butcher

10. Father's Birthplace

Hesse. Grandstate Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs. M. A. Burt

Address

181 E. Baltimore Ave

Remarks

All Well.

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20321

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *August 29.*
4. Place of Birth (Street and Number) *12, 13 Butler Street*
5. Full Name of Mother *Maggie Eckstam*
6. Mother's Maiden Name *Pea*
7. Mother's Birthplace *Funkberg*
8. Full Name of Father *Christian Eckstam*
9. Father's Occupation *Frank maker*
10. Father's Birthplace *Osloberg*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. M. Strong.*
- Address *No 22 Leadenhall Street*
- Remarks

advise at the birth of any child within the City of Baltimore, shall report to the registrar afterward, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

20322



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *Aug 29th 1877*
4. Place of Birth (Street and Number) *Jefferson st 74*
5. Full Name of Mother *Clara Jones*
6. Mother's Maiden Name *Clara Hitchous*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Nelson Jones*
9. Father's Occupation *Labrer*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *E. C. Baldwin M. D.*
- Address *124 n Eyster st*
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20323

To the Office of Registrar of Vital Statistics, Board of Health, SEP 4 1877
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Aug. 29th 1871*
4. Place of Birth (Street and Number) *Baltimore Parrish St 164*
5. Full Name of Mother *Susanna Rothrock*
6. Mother's Maiden Name *Peters*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *George Rothrock*
9. Father's Occupation *Clerk*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this return *Mrs. C. Mitchell*
- Address *NO 123 Park St*
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No 204.

RETURN OF A BIRTH.

20394

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth August 29, 1877
4. Place of Birth (Street and Number) W. Schappelstr No 28.
5. Full Name of Mother Margaretha Lesfert
6. Mother's Maiden Name Margaretha Schmeidler
7. Mother's Birthplace Eckholdesheim Bessen
8. Full Name of Father Johann Lesfert
9. Father's Occupation Wurstmacher
10. Father's Birthplace Eckholdesheim Bessen
Name of Medical Attendant, or other Person who makes this return Mrs. Johann Bräuerich
Address South Wolfstr No 28
Remarks Wine

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20325

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this return

Address

Remarks

pl
Male
White
Aug 29, 1877
1505 Penn St
Sophia Liffman
Sophia Mulliken
New Jersey
Joseph Liffman
Glass Cutter
German
Theodore Cook

any physician, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *second*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *29 August*
4. Place of Birth (Street and Number) *21 Barnes Str*
5. Full Name of Mother *Fra. Nicol*
6. Mother's Maiden Name *Conrad*
7. Mother's Birthplace *Pavia Bohemia*
8. Full Name of Father *Fra. Nicol*
9. Father's Occupation *Sockmacker*
10. Father's Birthplace *Mochow Bohemia*
- Name of Medical Attendant, or other Person who makes this Return *J. Conrad*
- Address *21 Barnes Str*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20327

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d.
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth August 29th 1877
4. Place of Birth (Street and Number) Fla. & Marlboro. St. Barmersbl.
5. Full Name of Mother A. Jane Nordengl
6. Mother's Maiden Name A. Jane Bismarck
7. Mother's Birthplace Baltimore
8. Full Name of Father Fleming Nordengl
9. Father's Occupation Pulcher
10. Father's Birthplace German
- Name of Medical Attendant, or other Person who makes this Return. Marie R. Rudiger
- Address 134 N. Bond St.
- Remarks

But any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20328

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth August 29, 77
4. Place of Birth (Street and Number) 68 Pratt
5. Full Name of Mother Gertrude Smith
6. Mother's Maiden Name Miss Dempsey
7. Mother's Birthplace Balto
8. Full Name of Father Atorzo E. Smith
9. Father's Occupation Conductor B & O R.R.
10. Father's Birthplace Balto

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

J. W. Eastman
349 Lehigh

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First child
Female

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

29th of August 1876

4. Place of Birth (Street and Number)

No. 48 St. Schroeder Str.

5. Full Name of Mother

State J. M. Meyer

6. Mother's Maiden Name

Kadeeche

7. Mother's Birthplace

Baltimore Md.

8. Full Name of Father

Fredrick William Meyer

9. Father's Occupation

Teacher

10. Father's Birthplace

Hamburg, Germany.

Name of Medical Attendant, or other Person who makes this Return.

M. Dumbler

Address

No. 48 St. Schroeder Str.

Remarks

Very good lungs.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *Aug 29 1877*
4. Place of Birth (Street and Number) *1 Chester near Oliver St*
5. Full Name of Mother *Margaret Berry*
6. Mother's Maiden Name *Delcher*
7. Mother's Birthplace *Baile, Md.*
8. Full Name of Father *S. M. Berry*
9. Father's Occupation *Carpenter*
10. Father's Birthplace *Baile, Md.*
- Name of Medical Attendant, or other Person who makes this Return. *Mary A. Allwell*
- Address *286 McManis St*
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Five

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

July 29th 1872

4. Place of Birth (Street and Number)

No 203 S Washington St

5. Full Name of Mother

Elmira Krauss Ely

6. Mother's Maiden Name

Elmira Krauss

7. Mother's Birthplace

America

8. Full Name of Father

Joseph F. Ely

9. Father's Occupation

Teamster

10. Father's Birthplace

America

Name of Medical Attendant, or other Person who makes this Return.

Mrs Mary E. Linnard

Address

No 203 S Washington St

Remarks

J. P.

Any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20392

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c) *8th*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *Aug 29th 1877*
4. Place of Birth (Street and Number) *17 N Choptank st*
5. Full Name of Mother *Emma Overmeyer*
6. Mother's Maiden Name *" Steyler*
7. Mother's Birthplace *Germany*
8. Full Name of Father *George Overmeyer*
9. Father's Occupation *Driver*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Elizabeth Buschman*
- Address *1211 Bank st*
- Remarks

any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born; its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20338



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

4th
Female

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

Aug 29

4. Place of Birth (Street and Number)

Monument near Calvert

5. Full Name of Mother

Annato Hurst

6. Mother's Maiden Name

Augusta Webster

7. Mother's Birthplace

Worcester Co.

8. Full Name of Father

John J. Hurst

9. Father's Occupation

Merchant

10. Father's Birthplace

Worcester Co.

Name of Medical Attendant, or other Person who makes this Return.

A. H. Wilson

Address

257 Madison Ave.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *Colored*

3. Date of Birth *29th Aug.*

4. Place of Birth (Street and Number) *Balto. No 3 X alley*

5. Full Name of Mother *Mary Beard*

6. Mother's Maiden Name *"*

7. Mother's Birthplace *Virginia*

8. Full Name of Father *William Wright*

9. Father's Occupation *sterector*

10. Father's Birthplace *Virginia*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Mamanda Wilson

That any physician, second-master, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20335

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Q. th Child of mother.
Female.

1. Sex (state whether Male or Female)

White.

2. Race or Color (if not of the white race)

3. Date of Birth

August 29th 1877.

4. Place of Birth (Street and Number)

No. 16 Hill St. Balt. Md.

5. Full Name of Mother

Mandie Webster.

6. Mother's Maiden Name

Rice.

7. Mother's Birthplace

Baltimore, Md.

8. Full Name of Father

Charles Webster.

9. Father's Occupation

Painter

10. Father's Birthplace

Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return.

Elizabeth Scarborough.

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20336

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

29 Dec 1877

4. Place of Birth (Street and Number)

5. Full Name of Mother

Mary Lyons

6. Mother's Maiden Name

Heffner

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Thomas Lyons

9. Father's Occupation

Stone Polisher

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this return

Wm. B. D. Christman

Address

No 23 Townsend Place

Remarks

Exact Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20337

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 Child
 1. Sex (state whether Male or Female) Female
 2. Race or Color (if not of the white race) White
 3. Date of Birth August 30th
 4. Place of Birth (Street and Number) 34 North Bond Street
 5. Full Name of Mother Julia A. Wolf
 6. Mother's Maiden Name Julia A. Campbell
 7. Mother's Birthplace Carroll County Md
 8. Full Name of Father Geo. W. Wolf, Jr.
 9. Father's Occupation Helper
 10. Father's Birthplace Baltimore Md
 Name of Medical Attendant, or other Person who makes this Return. Mrs Guy
 Address _____
 Remarks 77 N. Bond St

Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20338

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *the 2^d child*

1. Sex (state whether Male or Female) *Male child*

2. Race or Color (if not of the white race) *color*

3. Date of Birth *August 30 1877*

4. Place of Birth (Street and Number) *123 Hill St*

5. Full Name of Mother *Margaret Jackson*

6. Mother's Maiden Name *Margaret Egan*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *Thomas Jackson*

9. Father's Occupation *Labo*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *William E. G. G.*

Address *101 Hill St*

Remarks

Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar of health, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd child (and twins)*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *Aug. 30th*
4. Place of Birth (Street and Number) *232 Hollins St*
5. Full Name of Mother *Carrie Schmann*
6. Mother's Maiden Name *Carrie Meyer*
7. Mother's Birthplace *Philadelphia*
8. Full Name of Father *Chas. P. Schmann*
9. Father's Occupation *Painter*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Wm. Dumele No. 60 N. W. St.*
- Address _____
- Remarks _____

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *8th*
 1. Sex (state whether Male or Female) *Female*
 2. Race or Color (if not of the white race) *White*
 3. Date of Birth *August 30th 1877*
 4. Place of Birth (Street and Number) *No 219 Batten Avenue*
 5. Full Name of Mother *Eliza Bines*
 6. Mother's Maiden Name *Eliza E. Smith*
 7. Mother's Birthplace *Ireland*
 8. Full Name of Father *Franklin Bines*
 9. Father's Occupation *Stocker*
 10. Father's Birthplace *Baltimore Md*
 Name of Medical Attendant, or other Person who makes this Return. *Mrs Conway*
 Address
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of
BALTIMORE CITY.



203411/2

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return

Address

Remarks

August 20th 1877.
to S. Anne St Balto
Mary Ann Clark
Mary Ann Goetz?
Balto City
Casper W. Clark
Express man
Balto Md
J. Ridgway Andre M D
5 No 121 E Balto St

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 child
 1. Sex (state whether Male or Female) Female
 2. Race or Color (if not of the white race) White
 3. Date of Birth August 30th 1877
 4. Place of Birth (Street and Number) Charles St No 164
 5. Full Name of Mother Mrs M Jones
 6. Mother's Maiden Name Anne M Friedhofer
 7. Mother's Birthplace Baltimore
 8. Full Name of Father George G Jones
 9. Father's Occupation Clerk
 10. Father's Birthplace Baltimore
 Name of Medical Attendant, or other Person who makes this Return. Mary E Anderson
 Address No 92 Hamburg St
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20343

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *one mother one Child*
1. Sex (state whether Male or Female) *male Child*
2. Race or Color (if not of the white race) *Colored Race*
3. Date of Birth *August the 30th 1877*
4. Place of Birth (Street and Number) *Calles St 62 Baltimore*
5. Full Name of Mother *Lulay Lotum*
6. Mother's Maiden Name *Lulay Deen*
7. Mother's Birthplace *Dorchester Co Md*
8. Full Name of Father *Joseph Slotum*
9. Father's Occupation *Shredder*
10. Father's Birthplace *Dorchester Co Md*
- Name of Medical Attendant, or other Person who makes this Return. *Lurinda Woolford*
- Address *Regester St 130 Baltimore*
- Remarks

Any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*

1. Sex (state whether Male or Female) *Female,*

2. Race or Color (if not of the white race)

3. Date of Birth *Aug. 30th 1877*

4. Place of Birth (Street and Number) *347 E. Lombard St.*

5. Full Name of Mother *Virginia C. Hollen,*

6. Mother's Maiden Name *Colbert,*

7. Mother's Birthplace *Balt. Locust St. Med.*

8. Full Name of Father *John L. Hollen,*

9. Father's Occupation *Ship Builder*

10. Father's Birthplace *Balt. Med.*

Name of Medical Attendant, or other Person who makes this Return. *A. G. Greenwell M.D.*

Address *Balt. 9th St. 25.*

Remarks *Normal.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No 205.

RETURN OF A BIRTH.

20345

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *August 30. 1877*

4. Place of Birth (Street and Number) *St. Regislerstr No 32*

5. Full Name of Mother *Centra Bittner*

6. Mother's Maiden Name *Centra Brendel*

7. Mother's Birthplace *Wernsdorf, Bessen*

8. Full Name of Father *Georg Bittner*

9. Father's Occupation *Warenmacher*

10. Father's Birthplace *Regenhal Bessen*

Name of Medical Attendant, or other Person who makes this return *Mrs. Johanna Brendel*

Address *South Wolfstr No 28*

Remarks *M. S. S. S.*

Any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *August 12 30th 1877*

4. Place of Birth (Street and Number) *1444 Croft Street*

5. Full Name of Mother *Paula Weirich*

6. Mother's Maiden Name *" Pfrenske*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *Heinrich Weirich*

9. Father's Occupation *Shoemaker*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this return *Catharina Münch*

Address *74 Leadenhall Street*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20347

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother.

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this return

Address

Remarks

male

30th August

191 Bond St.

Carissa Ruess

Brook

W. State

Peter Cook

Baker

W. State

Charles Caspi

220 Bond St.

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20348

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10th
1. Sex (state whether Male or Female) Girl
2. Race or Color (if not of the white race) White
3. Date of Birth 30 August 2
4. Place of Birth (Street and Number) 240 Wolfe Street
5. Full Name of Mother Maria Krigner
6. Mother's Maiden Name Link
7. Mother's Birthplace Baltimore
8. Full Name of Father Karl Link
9. Father's Occupation _____
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Marie Guttner

Wolfe Street 240

any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 30 August
4. Place of Birth (Street and Number) 86 Central Ave
5. Full Name of Mother Johanna Emmerich
6. Mother's Maiden Name Stien
7. Mother's Birthplace Baltimore
8. Full Name of Father George Emmerich
9. Father's Occupation Machinist
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Daphne Simon
- Address No 70 Gravelly Street
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20350

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether Male or ~~Female~~)

2. Race or Color (if not of the white race)

3. Date of Birth

30 Aug at 1877

4. Place of Birth (Street and Number)

226 N. Caroline St

5. Full Name of Mother

Mary Allie Apollonia Roff Hewitt

6. Mother's Maiden Name

Mary Allie Apollonia Roff Smith

7. Mother's Birthplace

Beaufort District, South Carolina

8. Full Name of Father

John Will Hewitt

9. Father's Occupation

Musical Composer

10. Father's Birthplace

New York City - NY

Name of Medical Attendant, or other Person who makes this Return.

E. Geo. Wallace MD

Address

477 E. Monument St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *9th*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Aug 30th 1877*
4. Place of Birth (Street and Number) *1020 Registrar St*
5. Full Name of Mother *Ella Schloder*
6. Mother's Maiden Name *Eismrods*
7. Mother's Birthplace *Germany*
8. Full Name of Father *William Schloder*
9. Father's Occupation *carver*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs G. G. G. G.*
- Address *1020 1/2 S. Bond St*
- Remarks

For any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



20352

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth August 30
4. Place of Birth (Street and Number) 422 Warner St Baltimore
5. Full Name of Mother Ida Butler
6. Mother's Maiden Name Ida Pudron
7. Mother's Birthplace Baltimore
8. Full Name of Father George Butler
9. Father's Occupation Builder
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs Ann Nash
- Address _____
- Remarks _____

That any physician, accoucheur, midwife, or other person in charge who shall attend, assist or

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20353

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 30th August 1877
4. Place of Birth (Street and Number) North-west corner Castle and Fairmount St
5. Full Name of Mother Civil John
6. Mother's Maiden Name Civil Zink
7. Mother's Birthplace Germany
8. Full Name of Father Bernhard Zink
9. Father's Occupation Cooper
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Ureschlig Kunkel
- Address 11 N. Chappel St John Kunkel
- Remarks Healthy

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20354

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY. *August*



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *August 30 1877*

4. Place of Birth (Street and Number) *22 Pleasant alley*

5. Full Name of Mother *M. Glock*

6. Mother's Maiden Name *M. Gogedung*

7. Mother's Birthplace *Germany*

8. Full Name of Father *A. Glock*

9. Father's Occupation *Shoemaker*

10. Father's Birthplace *Germany*

Name of Medical Attendant, or other Person who makes this return

Address *113 1/2 Hope St*

Remarks *H2*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *30th of Aug 1877*

4. Place of Birth (Street and Number) *No 1116 Calver St*

5. Full Name of Mother *Mina Lotin*

6. Mother's Maiden Name *Mina Schlesinger*

7. Mother's Birthplace *Baltimore City*

8. Full Name of Father *Herman Lotin*

9. Father's Occupation *Leather shoe findings*

10. Father's Birthplace *Germany*

Name of Medical Attendant, or other Person who makes this Return. *Dr. J. W. Wells*

Address *25 W. Calver St*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

30356

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c)

1st

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

3. Date of Birth

Aug 31st 1877

4. Place of Birth (Street and Number)

348 E. Balt. Rd. cor. Hager St.

5. Full Name of Mother

Annie Margarette Vermon

6. Mother's Maiden Name

Vermon

7. Mother's Birthplace

Balt. Md.

8. Full Name of Father

David Street No. 60

9. Father's Occupation

Dealer in bonnets &c.

10. Father's Birthplace

Hartford Conn. 3rd dist.

Name of Medical Attendant, or other person who makes this Return.

W. H. Rusk M.D.

Address

Balt. Branch St.

Remarks

Natural.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20357

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first child*
1. Sex (state whether Male or Female) *female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Aug. 31.*
4. Place of Birth (Street and Number) *109 peach. st.*
5. Full Name of Mother *Willie Lyons*
6. Mother's Maiden Name *Willie Durham.*
7. Mother's Birthplace *Sulby.*
8. Full Name of Father *Andrew J. Lyons.*
9. Father's Occupation *plaster.*
10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Mrs. String*

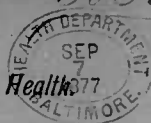
Address *Mrs. String*

Remarks *No. 32 Leaden hall Street.*

That any physician, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar of Births, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st*
 1. Sex (state whether Male or Female) *Male*
 2. Race or Color (if not of the white race) *White*
 3. Date of Birth *Aug 31 - 1897*
 4. Place of Birth (Street and Number) *No 502 Pa St*
 5. Full Name of Mother *Louisa B. Megarry*
 6. Mother's Maiden Name *McNulty*
 7. Mother's Birthplace *Baltimore Md*
 8. Full Name of Father *Joseph A. Megarry*
 9. Father's Occupation *Bacon Dealer*
 10. Father's Birthplace *Ireland*
 Name of Medical Attendant, or other Person who makes this Return. *Dr. E. B. ...*
 Address *by ...*
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20359

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

female

2. Race or Color (if not of the white race)

colored

3. Date of Birth

Aug 31

4. Place of Birth (Street and Number)

199 Stirling St

5. Full Name of Mother

Eliza Bragg

6. Mother's Maiden Name

Eliza Williams

7. Mother's Birthplace

Townsend Baltimore

8. Full Name of Father

Henry Bragg

9. Father's Occupation

carpenter

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Leas Johnson

Address

no 32 Short St

Remarks

healthy child

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20360

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Augst. 31*

4. Place of Birth (Street and Number) *47 Canal St.*

5. Full Name of Mother *Elisa Esterling*

6. Mother's Maiden Name *Till*

7. Mother's Birthplace *Germany*

8. Full Name of Father *Fred. Esterling*

9. Father's Occupation *Grocer*

10. Father's Birthplace *Germany*

Name of Medical Attendant, or other Person who makes this return *Sarah Casper 52 E. Lombard St.*

Address

Remarks

That any physician, apothecary, midwife, or other person in charge, who shall attend, assist or midwifery at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

20361



- 1880

(3) of (Holograph)

137

Margaret Holt

11.2.1

My father,

7 April 1911

Franklin, N. H.

States

John G. ...

2030 *Scutellaria*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

20362

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Second*
 1. Sex (state whether Male or Female) *Male*
 2. Race or Color (if not of the white race) *White*
 3. Date of Birth *Aug. 31st 1877*
 4. Place of Birth (Street and Number) *186 Greenmount Ave.*
 5. Full Name of Mother *Mary Jennings*
 6. Mother's Maiden Name *Mary Holland*
 7. Mother's Birthplace *Ireland*
 8. Full Name of Father *Patrick Jennings*
 9. Father's Occupation *Laborer*
 10. Father's Birthplace *Ireland*
 Name of Medical Attendant, or other Person who makes this Return. *Wm. N. Hunter M.D.*
 Address *97 Greenmount Ave.*
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 20363

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Fifth*
1. Sex (state whether Male or ~~Female~~) _____
2. Race or Color (if not of the white race) *White*
3. Date of Birth *August 31st 1877*
4. Place of Birth (Street and Number) *316 E. Fayette St.*
5. Full Name of Mother *Lillie Hallen*
6. Mother's Maiden Name *Lillie Binyon*
7. Mother's Birthplace *Baltimore City Md.*
8. Full Name of Father *John Hargraves Hallen*
9. Father's Occupation *Notion Store*
10. Father's Birthplace *Baltimore City Md.*
- Name of Medical Attendant, or other Person who makes this Return. *Nicholas L. Dashiell*
- Address *207 S. Broadway*
- Remarks _____

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born: its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

40206.

RETURN OF A BIRTH.

20364

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

white

3. Date of Birth

August 31. 1877

4. Place of Birth (Street and Number)

11. Wolfstr No. 62.

5. Full Name of Mother

Dina Koch

6. Mother's Maiden Name

Dina Wieser

7. Mother's Birthplace

Hsen Hammer

8. Full Name of Father

Johann Koch

9. Father's Occupation

Bricklayer

10. Father's Birthplace

Hampfeld Bremen

Name of Medical Attendant, or other Person who makes this return

Mrs. Pransack

Address

11. Wolfstr No. 2/8

Remarks

Un. Inspe

No. 207

RETURN OF A BIRTH.

20365

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *186*
 1. Sex (state whether Male or Female) *Male*
 2. Race or Color (if not of the white race) *white*
 3. Date of Birth *August 31, 1877*
 4. Place of Birth (Street and Number) *South Durham str No 410*
 5. Full Name of Mother *Margaretha Lorbeer*
 6. Mother's Maiden Name *Margaretha Petzold*
 7. Mother's Birthplace *Breidenburg, Prussia*
 8. Full Name of Father *Johann Lorbeer*
 9. Father's Occupation *Werkmeister*
 10. Father's Birthplace *Dieschenkreutz, Prussia*
 Name of Medical Attendant, or other Person who makes this return *Mrs. Johann Braupach*
 Address *South Wolf str No 28*
 Remarks *W. M. L.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20366

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *eighth*
1. Sex (state whether Male or Female) *Boys*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *31 August.*
4. Place of Birth (Street and Number) *45 Barnes St.*
5. Full Name of Mother *Anto. Levi*
6. Mother's Maiden Name *" " Francis*
7. Mother's Birthplace *Kalitz Bohemia*
8. Full Name of Father *Wesol. Levi*
9. Father's Occupation *Tailor*
10. Father's Birthplace *Pacin Bohemia*
- Name of Medical Attendant, or other Person who makes this Return. *J. Conrad*
- Address *20 Barnes St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20367

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First
Female

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

White

3. Date of Birth

August 31st 1877

4. Place of Birth (Street and Number)

Cathedral & Hoffman

5. Full Name of Mother

Martha Jane Shipley

6. Mother's Maiden Name

Richmond

7. Mother's Birthplace

Balto. City

8. Full Name of Father

Samuel Knight Shipley

9. Father's Occupation

Grocer

10. Father's Birthplace

Balto. City

Name of Medical Attendant, or other Person who makes this Return

Louis W. Knight M.D.

Address

112 N. Greene St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20368

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *4 Child*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *August 31st 1877*
4. Place of Birth (Street and Number) *Harrison St near John St*
5. Full Name of Mother *Wilhelminie Wooden*
6. Mother's Maiden Name *Wilhelminie Langer*
7. Mother's Birthplace *Hannover Germany*
8. Full Name of Father *William H. Wooden*
9. Father's Occupation *Father Teacher*
10. Father's Birthplace *Baltimore MD*
- Name of Medical Attendant, or other Person who makes this Return. *J. Wooden*
- Address *No 331 Obispo St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20368 $\frac{1}{2}$

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *one*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *Caucasian*

3. Date of Birth *August 31 1877*

4. Place of Birth (Street and Number) *222. New St*

5. Full Name of Mother

6. Mother's Maiden Name *Elizabetha Young*

7. Mother's Birthplace *Shasta Co. Cal.*

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return

Address *252 West Baltimore St 1st Fl*

Remarks *Examine*

Charlotte W. Green

RETURN OF A BIRTH.

20369

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth
Male

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

August 31 1877

4. Place of Birth (Street and Number)

2211 Chew St

5. Full Name of Mother

Charlotte Ramsey
Williams

6. Mother's Maiden Name

7. Mother's Birthplace

Baltimore Md

8. Full Name of Father

Heortensen Ramsey

9. Father's Occupation

Carrier

10. Father's Birthplace

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return

Harry A. Hillwell

Address

2211 N. Donogh St

Remarks

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

20370

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

3^d

1. Sex (state whether Male or Female)

Female.

2. Race or Color (if not of the white race)

White

3. Date of Birth

August 31st 1877.

4. Place of Birth (Street and Number)

78 S. Carey.

5. Full Name of Mother

Mary C. Myers

6. Mother's Maiden Name

Mary C. Kambings

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Kinga B. Myers

9. Father's Occupation

Blacksmith

10. Father's Birthplace

Balt. Co. M. C.

Name of Medical Attendant, or other Person who makes this Return.

A. H. Satter. M. D.

Address

1-23 Lexington St

Remarks

"

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

20371

HEALTH DEPARTMENT
SEP
20
1877
BALTIMORE

1. Sex (state whether ~~Male~~ or Female) *Female*

3. Date of Birth August 31st, 1874

5. Full Name of Mother *Mrs. Eva R. Lewis*

6. Mother's Maiden Name Miss Eva R. Neal

7. Mother's Birthplace *Baltimore Md*

8. Full Name of Father *Mr. James T. A. Lewis*

9. Father's Occupation *Painter*

10. Father's Birthplace Baltimore, Md

Name of Medical Attendant, or other Person who makes this Return. *Wm. H. Colquhoun*

Address No. 102 N. Broadway

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

20372

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth 31 Aug.

4. Place of Birth (Street and Number) No. 115 Lexington St.

5. Full Name of Mother Marion Peacock

6. Mother's Maiden Name Conrad

7. Mother's Birthplace Manchester, Carroll Co., Md.

8. Full Name of Father Wm. Peacock

9. Father's Occupation Tobaccoist

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Charles J. Liger M.D.

Address No. 264 South Hill St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

20373

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Fourth

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Sept. 1, 1877

4. Place of Birth (Street and Number)

2 N. Carey St.

5. Full Name of Mother

Nettie E. Hood

6. Mother's Maiden Name

Clary

7. Mother's Birthplace

Fredesick Co. Md.

8. Full Name of Father

John Hood, M.D.

9. Father's Occupation

Physician

10. Father's Birthplace

Fredesick Co. Md.

Name of Medical Attendant, or other Person who makes this Return.

John Hood, M.D.

Address

2 N. Carey St.

Remarks

Physical Condition excellent.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the register aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st child*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *1st September 1877*
4. Place of Birth (Street and Number) *65 E. Second St*
5. Full Name of Mother *Mary Ann Tenn*
6. Mother's Maiden Name *Mary Herbert*
7. Mother's Birthplace *Germany*
8. Full Name of Father *August Herbert*
9. Father's Occupation *Teacher*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Resident Physician*
- Address *North Chappel St*
- Remarks *Healthy*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20375

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *13*
- Sex (state whether Male or Female) *Female*
- Race or Color (if not of the white race) *Caucasian*
- Date of Birth *Sept 11 1877*
- Place of Birth (Street and Number) *No 11 East Street*
- Full Name of Mother *Caroline Anderson*
- Mother's Maiden Name *Ward*
- Mother's Birthplace *Eastern Shore Maryland*
- Full Name of Father *William Anderson*
- Father's Occupation *Cabman*
- Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. J. B. Smith*
- Address *No 20 East Street*
- Remarks *Nothing unusual about child*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20376

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *their 4th*
1. Sex (state whether Male or Female)
2. Race or Color (if not of the white race) *W*
3. Date of Birth *Sept 1 1877*
4. Place of Birth (Street and Number) *N. 244 Argyle Avenue*
5. Full Name of Mother *Mary Taylor*
6. Mother's Maiden Name *Mary Blundell*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Chas M Taylor*
9. Father's Occupation *Clack*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Dr H Patton M D*
- Address *28 Franklin St Baltimore*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2^d

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

3. Date of Birth

Sep. 1

4. Place of Birth (Street and Number)

Mosher new Division S.

5. Full Name of Mother

Kate Supplee

6. Mother's Maiden Name

Kate Cochran

7. Mother's Birthplace

Balt.

8. Full Name of Father

J. Frank Supplee

9. Father's Occupation

Clerk

10. Father's Birthplace

Balt.

Name of Medical Attendant, or other Person who makes this Return.

H. M. Wilson
257 Mad. Am.

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th Child
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Of the white Race
3. Date of Birth 1st Sept. 1877
4. Place of Birth (Street and Number) No. 228 E. Gay St.
5. Full Name of Mother Lizzie Gage
6. Mother's Maiden Name Lizzie M. Murray
7. Mother's Birthplace Wiscasset
8. Full Name of Father John Gage
9. Father's Occupation Wagoner or Repairer of W.C.A.R.
10. Father's Birthplace Dorchester
- Name of Medical Attendant, or other Person who makes this Return. Sarah Wooden
- Address 331 N. 4th St.
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20379

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2^d

1. Sex (state whether Male or Female)

Female
White

2. Race or Color (if not of the white race)

3. Date of Birth

Sept. 15th 1877

4. Place of Birth (Street and Number)

118 Saratoga St

5. Full Name of Mother

Margaret Hoffman
Kremer

6. Mother's Maiden Name

7. Mother's Birthplace

Germany

8. Full Name of Father

Geo. Hoffman

9. Father's Occupation

Merchant

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Louis W. Knight M.D.

Address

112 N. Greene St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *September 1, 1874*
4. Place of Birth (Street and Number) *325 Charles St Baltimore*
5. Full Name of Mother *E. Elizabeth Walker*
6. Mother's Maiden Name *McLure*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *John Walker*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Ann Nash*
- Address
- Remarks

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *5th*

1. Sex (state whether *Male* or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *September 1st 1877*

4. Place of Birth (Street and Number) *320 Harford St*

5. Full Name of Mother *Sarah Margaret Flayman*

6. Mother's Maiden Name *Sarah Margaret Flayhart*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *Benjamin High Flayman*

9. Father's Occupation *Plasterer*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Geo W. Haydon*

Address *18 Arguish St.*

Remarks *Baltimore City*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20389

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6d*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *1d of Sept. 1877*
4. Place of Birth (Street and Number) *N. E. N. Vine St*
5. Full Name of Mother *Augusta Elizabeth*
6. Mother's Maiden Name *Augusta Elizabeth*
7. Mother's Birthplace *Germania*
8. Full Name of Father *Valentinus Hehlwey*
9. Father's Occupation *Ag't*
10. Father's Birthplace *Germania*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. Seibert*
- Address. *439 W. Pratt St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *one Child one mother*
1. Sex (state whether Male or Female) *female Child*
2. Race or Color (if not of the white race) *Colored Race*
3. Date of Birth *September the 1-18-77*
4. Place of Birth (Street and Number) *Chesapeake St 68 Baltimore Md*
5. Full Name of Mother *Mary Ann S. Hudson*
6. Mother's Maiden Name *Marjann S. Rodgers*
7. Mother's Birthplace *Baltimore Md*
8. Full Name of Father *David Hudson*
9. Father's Occupation *Druman*
10. Father's Birthplace *Annurndee Co Md*
- Name of Medical Attendant, or other Person who makes this Return. *Laurinda H. Southport*
- Address *Regester St 170 Baltimore*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20384

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) colored

3. Date of Birth Sept 1

4. Place of Birth (Street and Number) 131 Chestnut St

5. Full Name of Mother Frances Amanda Jones

6. Mother's Maiden Name Frances Amanda Bunker

7. Mother's Birthplace Baltimore

8. Full Name of Father Thomas Henry Jones

9. Father's Occupation labor

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Miss Mary Johnson

Address no 32 Short St

Remarks Healthy child

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20385

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Child.

1. Sex (state whether Male or Female)

Male.

2. Race or Color (if not of the white race)

3. Date of Birth

Sept 1st 1877.

4. Place of Birth (Street and Number)

56 Spring St. cor Pratt.

5. Full Name of Mother

Amelia Hollander.

6. Mother's Maiden Name

" Stein.

7. Mother's Birthplace

Baltimore.

8. Full Name of Father

Samuel Hollander.

9. Father's Occupation

Furniture Dealer.

10. Father's Birthplace

Baltimore.

Name of Medical Attendant, or other Person who makes this Return.

R. J. N. Tall. M.D.

Address

152 P. Sharp St.

Remarks

Child Healthy.

First Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20386

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st child*
 1. Sex (state whether Male or Female) *White male*
 2. Race or Color (if not of the white race) *White*
 3. Date of Birth *1st of September*
 4. Place of Birth (Street and Number) *E. Gough St. No 299*
 5. Full Name of Mother *Clara E. Longrall Bramble*
 6. Mother's Maiden Name *" " Longrall*
 7. Mother's Birthplace *Dorchester Co. Md.*
 8. Full Name of Father *Bazillia Bramble*
 9. Father's Occupation *Captain of a Vessel*
 10. Father's Birthplace *Dorchester Co., Md.*
 Name of Medical Attendant, or other Person who makes this Return. *Maria C. Gray*
 Address *S. Chester St. No. 193*
 Remarks *Healthy child*

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20387

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 d.
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth September 1d. 1877
4. Place of Birth (Street and Number) 145 Central Ave.
5. Full Name of Mother Augusta Hergenheim
6. Mother's Maiden Name Ch. Sebastian
7. Mother's Birthplace Germany
8. Full Name of Father Georg Hergenheim
9. Father's Occupation Teacher
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Rudiger
- Address 144 S. Bond St.
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20388

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd
 1. Sex (state whether Male or Female) Male
 2. Race or Color (if not of the white race) White
 3. Date of Birth 1st Oct
 4. Place of Birth (Street and Number) no 87 1/2 Gilbert St Baltimore
 5. Full Name of Mother Margaret Gullens
 6. Mother's Maiden Name Margaret Lee
 7. Mother's Birthplace Baltimore City
 8. Full Name of Father James A Gullens
 9. Father's Occupation Welder
 10. Father's Birthplace Meredick Co
 Name of Medical Attendant, or other Person who makes this Return. Mrs Sarah Gullens
 Address 104, Courney St Baltimore
 Remarks

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20389

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c)

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) *White*

3. Date of Birth Sept the 14. 1877

4. Place of Birth (Street and Number) *Baltimore 103 Plumley*

5. Full Name of Mother martha ~~rose~~ bonnell

6. Mother's Maiden Name *Mathis. Mill*

7. Mother's Birthplace. *island*

8. Full Name of Father Thomas Conner

9. Father's Occupation *Wine & Liquor Dealer*

10. Father's Birthplace Island

Name of Medical Attendant  Other Person who makes this Return. Francis Disburt

Address

Remarks

loading 75 hall st
Baltimore. Md

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, nurse, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the Registrar thereof, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

20390

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) _____
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Sept 1st 1877.*
4. Place of Birth (Street and Number) *No 2 Pearl St*
5. Full Name of Mother *Mary Landauer*
6. Mother's Maiden Name *Matty Tonge.*
7. Mother's Birthplace *Washington City*
8. Full Name of Father *James Landauer*
9. Father's Occupation *Dry Goods Clerk*
10. Father's Birthplace *France*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Geo. H. Brewer M.D.
258 W. Fayette St.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c) 2^d
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) _____
3. Date of Birth Sept 1st 1877
4. Place of Birth (Street and Number) 288 Bell St. etc.
5. Full Name of Mother Margaret Schapp
6. Mother's Maiden Name Hoffmann
7. Mother's Birthplace City
8. Full Name of Father Peter Schapp
9. Father's Occupation Fireman
10. Father's Birthplace City
- Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Bismarck
- Address 120 Bank St.
- Remarks _____

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20392

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c) *1st*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) _____
3. Date of Birth *Sept 1st 1877*
4. Place of Birth (Street and Number) *10 1/2 N. Main St*
5. Full Name of Mother *Mary Davis* ✓
6. Mother's Maiden Name *Mable*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Henry Davis*
9. Father's Occupation *Private Detective*
10. Father's Birthplace _____
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Elizabeth Bush*
- Address *120 Bank St*
- Remarks _____

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20393

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *September 1/77*
4. Place of Birth (Street and Number) *# 7 Monmouth Court*
5. Full Name of Mother *Lina Fisher*
6. Mother's Maiden Name *Lina Lang*
7. Mother's Birthplace *Baltimore, Md*
8. Full Name of Father *Gayard Fisher*
9. Father's Occupation *laborer*
10. Father's Birthplace *Baltimore, Md*
- Name of Medical Attendant, or other Person who makes this Return. *M. J. Spedden*
- Address *29 S. ...*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) _____

3. Date of Birth Sept 1 1877

4. Place of Birth (Street and Number) 311 Orleans St

5. Full Name of Mother Louisa Jones

6. Mother's Maiden Name Taibanks

7. Mother's Birthplace Balt. Md.

8. Full Name of Father Henry C. Jones

9. Father's Occupation Police Officer

10. Father's Birthplace Balt. Md.

Name of Medical Attendant, or other Person who makes this Return. Albany A. Allard

Address 286 N. Enoch St

Remarks _____

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accouchement, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

4th Child
female
Caucasian
September 1st 1877
Baltimore
Full Name of Mother: Catherine A. Miller
Mother's Maiden Name: Catherine A. Miller
Mother's Birthplace: Baltimore, Md.
Full Name of Father: John B. Miller
Father's Occupation: Musician
Father's Birthplace: Baltimore, Md.
Name of Medical Attendant: Dr. C. A. Miller

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20396

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1th

1. Sex (state whether Male or Female) Boy

2. Race or Color (if not of the white race) White

3. Date of Birth 1 September

4. Place of Birth (Street and Number) 249 Wolfe Street

5. Full Name of Mother Leidy Taylor

6. Mother's Maiden Name Kirshner

7. Mother's Birthplace Baltimore

8. Full Name of Father John Kirshner

9. Father's Occupation _____

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Marie Guttner

Address Wolfe Street 245.

Remarks _____

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20397

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

male

2. Race or Color (if not of the white race)

3. Date of Birth

Sept 2nd 1877

4. Place of Birth (Street and Number)

23 E. Lombard St

5. Full Name of Mother

Fredericke Gustlard

6. Mother's Maiden Name

Fredericke Winderman

7. Mother's Birthplace

Germany

8. Full Name of Father

Ernst Gustlard

9. Father's Occupation

Shoemaker

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this return

Mrs. Carter

Address

52 E. Lombard St

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

30398



To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex (state whether Male or Female)

male

2. Race or Color (if not of the white race)

3. Date of Birth

Sept 2nd 1877

4. Place of Birth (Street and Number)

2 Blood Court

5. Full Name of Mother

Eilene Fenton

6. Mother's Maiden Name

Eilene Silver

7. Mother's Birthplace

Ireland

8. Full Name of Father

W. Fenton

9. Father's Occupation

Laborer

10. Father's Birthplace

United States

Name of Medical Attendant, or other Person who makes this return

Sarah Caffer

Address

52 E. Lombard Str

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20399

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Eighth -*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) _____
3. Date of Birth *Second day of September A.D. 1877.*
4. Place of Birth (Street and Number) *37 Cathedral Street - Baltimore City*
5. Full Name of Mother *Fanny King McLane*
6. Mother's Maiden Name *Fanny King*
7. Mother's Birthplace *"Highwood". Newhaken Township. Andra Co. N.J.*
8. Full Name of Father *James Latimer McLane*
9. Father's Occupation *Lawyer*
10. Father's Birthplace *Near Wilmington, Delaware*
- Name of Medical Attendant, or other Person who makes this Return. _____
- Address _____
- Remarks _____

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Sept. 2nd 1877

4. Place of Birth (Street and Number) 243 Gough St.

5. Full Name of Mother Katie Rustenberg

6. Mother's Maiden Name Katie Green

7. Mother's Birthplace Germany

8. Full Name of Father Charles Rustenberg

9. Father's Occupation Tailor

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this return

Address No. 137 Maple St.

Remarks J

Mrs. Mary Amend

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c) *Sixth*
 1. Sex (state whether Male or Female) *Female*
 2. Race or Color (if not of the white race) *Caucasian*
 3. Date of Birth *September 2nd 1877*
 4. Place of Birth (Street and Number) *No. 248 Biggle Avenue*
 5. Full Name of Mother *Mary Eliza Ramsey Fluharty*
 6. Mother's Maiden Name *Mary Eliza Ramsey Toms*
 7. Mother's Birthplace *Perquimans Co. North Carolina*
 8. Full Name of Father *William Richard Fluharty*
 9. Father's Occupation *Book Keeper*
 10. Father's Birthplace *Cambridge Maryland*
 Name of Medical Attendant, or other Person who makes this Return. *J. M. Johnson M.D.*
 Address *No. 379 N. Calmar St Balt, Md.*
 Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *one Child one mother*
1. Sex (state whether Male or Female) *female Child*
2. Race or Color (if not of the white race) *Colored race*
3. Date of Birth *September the 2-18-77*
4. Place of Birth (Street and Number) *No 6 Cubbin St 12*
5. Full Name of Mother
6. Mother's Maiden Name *Francis Butler*
7. Mother's Birthplace *Baltimore md*
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace
- Name of Medical Attendant, or other Person who makes this Return *Lurinda Woolford*
- Address *Registrar St 130 Baltimore md*
- Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Jan. 2 1877*
4. Place of Birth (Street and Number) *Baltimore Elliot Street 107.*
5. Full Name of Mother *Louise Mary.*
6. Mother's Maiden Name *Earnest.*
7. Mother's Birthplace *Waffysfullan.*
8. Full Name of Father *Wilhelm Mary.*
9. Father's Occupation *Dr. 1st*
10. Father's Birthplace *Waffysfullan.*
- Name of Medical Attendant, or other Person who makes this Return. *Anna Rimmner*
- Address *Bond St. 263.*
- Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

20404-

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether Male or Female) Girl
2. Race or Color (if not of the white race) Colored
3. Date of Birth September 2nd 1877
4. Place of Birth (Street and Number) 1820 Benton Court
5. Full Name of Mother Emma Dargatz
6. Mother's Maiden Name
7. Mother's Birthplace Baltimore City
8. Full Name of Father Not Known
9. Father's Occupation
10. Father's Birthplace
- Name of Medical Attendant, or other Person who makes this Return. Deborah Thomas
- Address Burgundy Alley No 74
- Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20405

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Sept 21

4. Place of Birth (Street and Number) St. Paul St. No. 10

5. Full Name of Mother Mrs. Rogers

6. Mother's Maiden Name Adams

7. Mother's Birthplace New York City

8. Full Name of Father Mr. Rogers

9. Father's Occupation Clerk

10. Father's Birthplace New York City

Name of Medical Attendant, or other Person who makes this Return. Dr. J. M. White

Address 11th and N. Y. St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20406

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Child
1. Sex (state whether Male or Female) Boy
2. Race or Color (if not of the white race) White
3. Date of Birth 24 September 1877
4. Place of Birth (Street and Number) Baltimore Ridge Street No 90
5. Full Name of Mother Mary E. Shaffer
6. Mother's Maiden Name Baltimore
7. Mother's Birthplace Baltimore
8. Full Name of Father _____
9. Father's Occupation _____
10. Father's Birthplace _____
- Name of Medical Attendant, or other Person who makes this Return. Mrs Sommerfeld
- Address Pennsylvania Ave 38 No 38 Between Georg & Pitt St
- Remarks _____

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 2 September 11 "
4. Place of Birth (Street and Number) 155 Mosier St
5. Full Name of Mother Wilhelmine Schön
6. Mother's Maiden Name Morgast
7. Mother's Birthplace Germany
8. Full Name of Father August Schön
9. Father's Occupation None
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. V. J. Simon
- Address No 70. Greenly Street
- Remarks

Extract Regulations of the Board of Health to secure a just and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20408

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2 child
Female

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

white

3. Date of Birth

2. of September

4. Place of Birth (Street and Number)

24 S Gayton av.

5. Full Name of Mother

Anner Benninger

6. Mother's Maiden Name

Anner Depken

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Henry Benninger

9. Father's Occupation

Labor

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Laudia Wiley

Address 1612 Dutton Park ave

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20409

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Sixth*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *September 2^d 1877*
4. Place of Birth (Street and Number) *No 169 Central Ave*
5. Full Name of Mother *Mary Elizabeth Deaver*
6. Mother's Maiden Name *Mary Elizabeth Moquette*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *George C Deaver*
9. Father's Occupation *Wickster*
10. Father's Birthplace *Philadelphia Pa*
- Name of Medical Attendant, or other Person who makes this Return. *W. H. H. H. M.D.*
- Address *No 114 Park Ave.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3d*
 1. Sex (state whether Male or Female) *Female*
 2. Race or Color (if not of the white race) *White*
 3. Date of Birth *September 2d 1877*
 4. Place of Birth (Street and Number) *No 371 McC-dougher st.*
 5. Full Name of Mother *Elizabeth Wagner*
 6. Mother's Maiden Name *Elizabeth Creamer*
 7. Mother's Birthplace *Baltimore*
 8. Full Name of Father *Jacob Wagner*
 9. Father's Occupation *Broom manufacturer*
 10. Father's Birthplace *Baltimore*
 Name of Medical Attendant, or other Person who makes this return *Anna Hillgeist*
 Address *No 182 Monument st*
 Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20410

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c) 4th
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) _____
3. Date of Birth Sept 27 1877
4. Place of Birth (Street and Number) 114 Grandford Alley
5. Full Name of Mother Rebecca King
6. Mother's Maiden Name Rob
7. Mother's Birthplace City
8. Full Name of Father Thomas Jones
9. Father's Occupation Car Inspector
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Elizabeth Jones
- Address 114 Grandford Alley
- Remarks _____

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20412

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
- Sex (state whether Male or Female) *male*
- Race or Color (if not of the white race)
- Date of Birth *Sept. 2d 1877*
- Place of Birth (Street and Number) *35 South St*
- Full Name of Mother *Mary Lowman*
- Mother's Maiden Name *Mary Dice*
- Mother's Birthplace *Germany*
- Full Name of Father *George Lowman*
- Father's Occupation *Carber Barber*
- Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this return *Sarah Barber*
- Address *52 E Lombard Str*
- Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No 208.

RETURN OF A BIRTH.

20413

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th*
 1. Sex (state whether Male or Female) *female*
 2. Race or Color (if not of the white race) *white*
 3. Date of Birth *Sept. 3. 1877*
 4. Place of Birth (Street and Number) *10 Pitt St No 18*
 5. Full Name of Mother *Katharina Brastel*
 6. Mother's Maiden Name *Katharina Born*
 7. Mother's Birthplace *Moschham Prern*
 8. Full Name of Father *Joseph Brastel*
 9. Father's Occupation *Black stone*
 10. Father's Birthplace *Baltimore*
 Name of Medical Attendant, or other Person who makes this return *Ms. Johann Prangrich*
 Address *South Wolfstr No 28*
 Remarks *Wm. Trufe*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No 209.

RETURN OF A BIRTH.

28414

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) white

3. Date of Birth Sept. 3. 1877

4. Place of Birth (Street and Number) 12 Kaestelstr No 6

5. Full Name of Mother Matharna Mohsner

6. Mother's Maiden Name Matharna Muller

7. Mother's Birthplace Baltimore

8. Full Name of Father Wilhelm Wehsner

9. Father's Occupation Painter

10. Father's Birthplace Stuttgart Prussia

Name of Medical Attendant, or other Person who makes this Return. Dr. Hermann Prapack

Address South Weyler No. 28

Remarks Mr. Druse

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th Child*
1. Sex (state whether Male or Female) *Male & a Boy*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *5th Sep 1877*
4. Place of Birth (Street and Number) *63 E 2nd St*
5. Full Name of Mother *Kate Helfenbein*
6. Mother's Maiden Name *Kate Herman*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Henry Herman*
9. Father's Occupation *Book*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Resident in family*
- Address *North Chappel St*
- Remarks *Healthy*

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born; its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20416

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *5 d.*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *September 3d 1877*
4. Place of Birth (Street and Number) *109 N. Bethel Street*
5. Full Name of Mother *Luise Drescher*
6. Mother's Maiden Name *Luise Hill*
7. Mother's Birthplace *German*
8. Full Name of Father *Heinrich Drescher*
9. Father's Occupation *Shmid*
10. Father's Birthplace *German*
- Name of Medical Attendant, or other Person who makes this Return. *Marie R. Reidiger*
- Address *134 N. Bond Street*
- Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20417
HEALTH DEPARTMENT
SEP 8 1877
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d.

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth: September 3d 1877

4. Place of Birth (Street and Number) 361 E. Monmouth St

5. Full Name of Mother Kathrine Keibich

6. Mother's Maiden Name Kathrine Kern

7. Mother's Birthplace Baltimore

8. Full Name of Father Charles A. Keibich

9. Father's Occupation Painter

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. M. R. Rudiger

Address 134 N. Bond St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20418

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *and*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Caucasian*
3. Date of Birth *Sept 3 1877*
4. Place of Birth (Street and Number) *140 Chestnut City*
5. Full Name of Mother *Ann D. Jones*
6. Mother's Maiden Name *Ann D. Jones*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *William D. Jones*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Chas. W. Jones*
- Address *208 W. Calver St*
- Remarks *6/55/55*

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20419

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *one*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Caucasian*
3. Date of Birth *Sept 3d*
4. Place of Birth (Street and Number) *No 55 - near*
5. Full Name of Mother *Elashe Williams*
6. Mother's Maiden Name *Baltimore - Martha Harrison.*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *James L. Bennett*
9. Father's Occupation *Street Sweeper*
10. Father's Birthplace *Cachet, Ind.*
- Name of Medical Attendant, or other Person who makes this Return. *Charlotte W. Green*
- Address *258 West Calvary*
- Remarks *W.H.H.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20420

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *sixth Child*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *born on the 3^d of September*
4. Place of Birth (Street and Number) *c 11 in No 85 Dover Street*
5. Full Name of Mother *maiden name Margeretha Barbara Reithman*
6. Mother's Maiden Name *M B Rehling*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *H. Rehling*
9. Father's Occupation *Shoe maker*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Fisher*
- Address *Howard Street*
- No 330*
- Remarks

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



20421

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Light brown
3. Date of Birth 3rd Sep
4. Place of Birth (Street and Number) 199 Vine St
5. Full Name of Mother Cathrine Griffin
6. Mother's Maiden Name Cathrine L Car
7. Mother's Birthplace Talbert County
8. Full Name of Father Jarvis Griffin
9. Father's Occupation Water
10. Father's Birthplace Talbert County
- Name of Medical Attendant, or other Person who makes this Return. L Somerville
- Address 13 Clinton avenue
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20422



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *the 7 Sep. 7*

4. Place of Birth (Street and Number) *Stirling St. No. 208*

5. Full Name of Mother *McKuen, James*

6. Mother's Maiden Name *McKuen, Patrick*

7. Mother's Birthplace *Barclay of Baltimore of county.*

8. Full Name of Father *Patrick Thomas*

9. Father's Occupation *President.*

10. Father's Birthplace *Ireland.*

Name of Medical Attendant, or other Person who makes this Return. *Mrs. Lauer*

Address *173 Herbert St. E. 200.*

Remarks

Birth Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

20423



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *9th*
 1. Sex (state whether Male or Female) *Female*
 2. Race or Color (if not of the white race) *White*
 3. Date of Birth *Sept. 13th 1877*
 4. Place of Birth (Street and Number) *28 S Chappel St*
 5. Full Name of Mother *Margareta Feinkeln*
 6. Mother's Maiden Name *Margareta Kemmer*
 7. Mother's Birthplace *Putzloch Bavaria*
 8. Full Name of Father *Christoph Feinkeln*
 9. Father's Occupation *Laborer*
 10. Father's Birthplace *Mendorf Bavaria*
 Name of Medical Attendant, or other Person who makes this Return. *M. Lederer*
 Address *23 S. Folsom St*
 Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Eighth*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race)
3. Date of Birth *Sept 3 1877*
4. Place of Birth (Street and Number) *144 Mullickin St*
5. Full Name of Mother *Bridget Mary Conley*
6. Mother's Maiden Name *" Welch*
7. Mother's Birthplace *Limerick Ireland*
8. Full Name of Father *John Joseph Conley*
9. Father's Occupation *Coin Maker*
10. Father's Birthplace *Waterford Ireland*
- Name of Medical Attendant, or other Person who makes this Return. *Mary A. Ellwell*
- Address *256 Mullickin St*
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20425

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6^{*}
1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) white
3. Date of Birth september 3 1877
4. Place of Birth (Street and Number) 22 Harrison St
5. Full Name of Mother Bernetta Hartlore
6. Mother's Maiden Name Bernetta Shuler
7. Mother's Birthplace Baltimore city
8. Full Name of Father William Hartlore
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore city
- Name of Medical Attendant, or other Person who makes this Return. Rachel Ann Garrison
- Address 433 Aliceanna St
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20426

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th child*
1. Sex (state whether Male or Female) *female*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *September 3 1877*
4. Place of Birth (Street and Number) *147 Chester St*
5. Full Name of Mother *Lerena Wetherstine*
6. Mother's Maiden Name *Lerena Sims*
7. Mother's Birthplace *+ Sagb Wetherstine*
8. Full Name of Father *Baltimore City*
9. Father's Occupation *labore*
10. Father's Birthplace *Baltimore City*
- Name of Medical Attendant, or other Person who makes this Return. *Rachel Ann Garrett*
- Address *433 Aliceanna St*
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20427

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 d.

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth September 3 d. 1877

4. Place of Birth (Street and Number) 86 Somerset St.

5. Full Name of Mother Esther Ketting

6. Mother's Maiden Name Landen Schlegel

7. Mother's Birthplace Baltimore

8. Full Name of Father Christian Ketting

9. Father's Occupation Cat. Merchant

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mr. L. Ketting

Address 24 Long St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20425

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2^d*
 1. Sex (state whether Male or Female) *Male*
 2. Race or Color (if not of the white race)
 3. Date of Birth *Sep. 3.*
 4. Place of Birth (Street and Number) *258 Druid Hill Ave.*
 5. Full Name of Mother *Mary B. Wilson*
 6. Mother's Maiden Name *Mary B. Kunkle*
 7. Mother's Birthplace *Frederick Co.*
 8. Full Name of Father *John W. Wilson*
 9. Father's Occupation *Merchant*
 10. Father's Birthplace *Balt.*
 Name of Medical Attendant, or other Person who makes this Return. *A. M. Wilson*
 Address *207 Mad. Ave.*
 Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1. S.*
1. Sex (state whether Male or Female) *Female.*
2. Race or Color (if not of the white race) *white.*
3. Date of Birth *Jan 3 Bgto. 1877.*
4. Place of Birth (Street and Number) *Baltimore. Alice - Ann. St. 407.*
5. Full Name of Mother *Louise Reinhardt.*
6. Mother's Maiden Name *Layton.*
7. Mother's Birthplace *Baltimore.*
8. Full Name of Father *Frank Reinhardt.*
9. Father's Occupation *Librarian.*
10. Father's Birthplace *Baltimore.*
- Name of Medical Attendant, or other Person who makes this Return. *Anna Timmer.*
- Address *Bow St. 263.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20430

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 3d September
4. Place of Birth (Street and Number) 42 Essex St
5. Full Name of Mother Sarah E. Gough
6. Mother's Maiden Name Sarah E. Harrison
7. Mother's Birthplace Adams Co. Pa.
8. Full Name of Father Robert S. Gough
9. Father's Occupation Theater
10. Father's Birthplace Harrison Co. Md
- Name of Medical Attendant, or other Person who makes this Return. Dr. Sarah Harrington
- Address No 23 Cambridge St
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) _____
3. Date of Birth Sept 3rd 1877
4. Place of Birth (Street and Number) No 10 Barney st.
5. Full Name of Mother Elise Graseup
6. Mother's Maiden Name Schneider
7. Mother's Birthplace Germany
8. Full Name of Father John Graseup
9. Father's Occupation Cigar maker
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. J. Lobenzasser midwife
- Address 213 Cross st.
- Remarks _____

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



204-32

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd child*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) _____
3. Date of Birth *Sept 3rd 1877*
4. Place of Birth (Street and Number) *110 10 Gudmans alley*
5. Full Name of Mother *Mary Miller*
6. Mother's Maiden Name *Rittmiller*
7. Mother's Birthplace *Germany*
8. Full Name of Father *August Miller*
9. Father's Occupation *Carpenter*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *J. Schwasser midwife*
- Address *213 Cross st.*
- Remarks _____

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20438



To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6
1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) colored
3. Date of Birth sep. 3
4. Place of Birth (Street and Number) 13 Spring st
5. Full Name of Mother Mrs. Jane Beard
6. Mother's Maiden Name Mrs. Jane Jackson
7. Mother's Birthplace Baltimore
8. Full Name of Father Joseph Beard
9. Father's Occupation laborer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Leas Johnson
- Address no. 32 Short st
- Remarks healthy child

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20434

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Seventh*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *September 3rd 1877*
4. Place of Birth (Street and Number) *Belair avenue opposite Scherers*
5. Full Name of Mother *Louisa Segmann*
6. Mother's Maiden Name *Louisa Thutheiser*
7. Mother's Birthplace *Prussia Germany*
8. Full Name of Father *Bernhardt Tillmann*
9. Father's Occupation *Coach Smith*
10. Father's Birthplace *Prussia Germany*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. M. & N. Butt*
- Address *12181 N. Central avenue*
- Remarks *Garble Well.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20435

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c)

2nd Male

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

White

3. Date of Birth

Sept. 3^d

4. Place of Birth (Street and Number)

271 Montgomery

5. Full Name of Mother

Douglas Galt

6. Mother's Maiden Name

Gault

7. Mother's Birthplace

Wurtemberg

8. Full Name of Father

Andrew Galt

9. Father's Occupation

Engineer

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mar. Krohn

Address

328 S. Eutaw St.

Remarks

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



20436

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... *fifth*
1. Sex (state whether Male or Female)..... *Female*
2. Race or Color (if not of the white race)..... *White*
3. Date of Birth..... *3 Sept.*
4. Place of Birth (Street and Number)..... *8. Prospekt. Lane.*
5. Full Name of Mother..... *Barbara Lima*
6. Mother's Maiden Name..... *" " Hanicka*
7. Mother's Birthplace..... *Krasnovitz Bohemia*
8. Full Name of Father..... *August Lima*
9. Father's Occupation..... *Tailor*
10. Father's Birthplace..... *Krivan Bohemia*
- Name of Medical Attendant, or other Person who makes this Return...... *J. Conrad*
- Address..... *20 Barnes Str*
- Remarks.....

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*
1. Sex (state whether Male or Female) *Twin males*
2. Race or Color (if not of the white race)
3. Date of Birth *Sept 4th 1877*
4. Place of Birth (Street and Number) *114 Cardine Str.*
5. Full Name of Mother *Mary Smith*
6. Mother's Maiden Name *Mary Joseph*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Charles Smith*
9. Father's Occupation *Musician*
10. Father's Birthplace *Germany*
Name of Medical Attendant, or other Person who makes this return *Sarah Barker*
Address *52 E. Lombard Str*
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 4 Sept^r 1877
4. Place of Birth (Street and Number) 82 Block St
5. Full Name of Mother Matilda King
6. Mother's Maiden Name Matilda Garrison
7. Mother's Birthplace Baltimore
8. Full Name of Father Charles King
9. Father's Occupation Cooper
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs Louisa Smith
- Address The Child is Healthy
- Remarks Name of the Child George William King

Return Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 4 September 4

4. Place of Birth (Street and Number) 204 Monument St

5. Full Name of Mother J. E. France

6. Mother's Maiden Name McMully

7. Mother's Birthplace Baltimore

8. Full Name of Father Harry France

9. Father's Occupation Shoe Maker

10. Father's Birthplace York Pa

Name of Medical Attendant, or other Person who makes this return Isabel J. Whisner

Address No 7 20 Forrest Place

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



20441

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

3. Date of Birth

September 4th 1877

4. Place of Birth (Street and Number)

No 31 N. Eden St.

5. Full Name of Mother

Emma Schaubert

6. Mother's Maiden Name

Emma Foster

7. Mother's Birthplace

Baltimore

8. Full Name of Father

William E. Schubert

9. Father's Occupation

Carpenter

10. Father's Birthplace

Harford Co. Md

Name of Medical Attendant, or other Person who makes this Return.

Mrs Jane Winneberger
No 23 N. Liberty St.

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The 1st*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *born on the 4th of Sep. 1877*
4. Place of Birth (Street and Number) *No 936 West Pratt St.*
5. Full Name of Mother *Lizzie Hahn*
6. Mother's Maiden Name *L. Sneph*
7. Mother's Birthplace *Germ. in Balto. County Md.*
8. Full Name of Father *Henry Hahn*
9. Father's Occupation *Builder*
10. Father's Birthplace *born in the City of Balto.*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Miller*
- Address *No 57 Smallwood St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20443

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

the 4th
Female

2. Race or Color (if not of the white race)

white

3. Date of Birth

born on the 4th of Sep. 1877

4. Place of Birth (Street and Number)

N^o 193 Frederick Ave.

5. Full Name of Mother

Vera Greece

6. Mother's Maiden Name

St. Sebastian

7. Mother's Birthplace

born in Germany

8. Full Name of Father

Andrew Greece

9. Father's Occupation

Brewer

10. Father's Birthplace

born in Bavaria, Germany

Name of Medical Attendant, or other Person who make this Return.

Miss Miller

Address

N^o 57 Annapolis St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

204411

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

1st
Male
Caucasian
September 4th 1877
Baltimore, Md.
Ladara Wreath
Isadora Wreath
Dorchester, Mass.
George Edward Wreath
Manufacturing
Dorchester, Mass.
Car. Wreath

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar at or within six days thereafter, stating distinctly the date of birth, sex, and color of the child or child born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20445

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *September 4, 1877*

4. Place of Birth (Street and Number) *175 Pratt*

5. Full Name of Mother *Susan Lockwood*

6. Mother's Maiden Name *Schuur*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *Wm Lockwood*

9. Father's Occupation *Shoe Maker*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *J. M. Cashman*

Address *349 Ave*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20446

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Sept. 4th/77.

4. Place of Birth (Street and Number)

Caroline st No 152

5. Full Name of Mother

Louise Baker

6. Mother's Maiden Name

" Gaud

7. Mother's Birthplace

Bath

8. Full Name of Father

Herman Baker

9. Father's Occupation

Carpenter

10. Father's Birthplace

Bath

Name of Medical Attendant, or other Person who makes this Return.

Johnnie Schutte

Address

Midwife

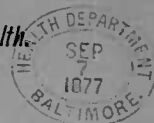
Remarks

320 Allie Knott st

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex (state whether Male or Female)
2. Race or Color (if not of the white race)
3. Date of Birth
4. Place of Birth (Street and Number)
5. Full Name of Mother
6. Mother's Maiden Name
7. Mother's Birthplace
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

8th
Male
Colored.
Sept. 4th / 77.
Durham St. No. 233
Denny Melius
" Meyer
Baltz
James Melius
Laborer
Baltz
Johanna Schulte
Midwife

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, natively, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth Child*
 1. Sex (state whether Male or Female) *Female*
 2. Race or Color (if not of the white race) *White*
 3. Date of Birth *4th September*
 4. Place of Birth (Street and Number) *No. 40 Sharp St.*
 5. Full Name of Mother *Lizzie C. ~~Penton~~ Reed.*
 6. Mother's Maiden Name *Lizzie C. Penton*
 7. Mother's Birthplace *Dorchester County Md.*
 8. Full Name of Father *William W. Reed.*
 9. Father's Occupation *Manufacturer of Tonic Beer.*
 10. Father's Birthplace *Dorchester County Md.*
 Name of Medical Attendant, or other Person who makes this Return. *E. Elizabeth Scarborough.*
 Address *No. 236. Montgomery St.*
 Remarks

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

20449

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Fourth*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) _____
3. Date of Birth *September 4th 1877*
4. Place of Birth (Street and Number) *711 W. Lombard St.*
5. Full Name of Mother *Amelia Ringsdorf*
6. Mother's Maiden Name *Amelia Johnson*
7. Mother's Birthplace *Baltimore Md*
8. Full Name of Father *Peter Ringsdorf Jr*
9. Father's Occupation *Clerk*
10. Father's Birthplace *Baltimore Md*
- Name of Medical Attendant, or other Person who makes this Return. *Chas. E. Chislar*
- Address. *No. 59. Fredrik av*
- Remarks _____

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20450

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth (4)*
 1. Sex (state whether Male or Female) *Male*
 2. Race or Color (if not of the white race) *White*
 3. Date of Birth *Sept 4th 1877*
 4. Place of Birth (Street and Number) *No 73 S. Wolff St*
 5. Full Name of Mother *Sarah B. Butler*
 6. Mother's Maiden Name *Sarah B. Polk*
 7. Mother's Birthplace *Baltimore Md*
 8. Full Name of Father *George J. Butler*
 9. Father's Occupation *House Carpenter*
 10. Father's Birthplace *Baltimore Md*
 Name of Medical Attendant, or other Person who makes this Return. *Mrs Amanda Marone*
 Address *No 323 E. Monument St*
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

20451
5th
White Female
White
Sept 4th
11th 28th Bldg
J. M. Barnett
Isabel Carniey
J. M. Barnett
Samuel Barnett
Labour
London
Catherine Heimer
11th 100

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

1st
Male
White
Sept 1st
1875
Hunting
Maryⁿ Carmine
Maryⁿ Meyer
Baltimore
Charles Carmine
Laborer
Baltimore
Catharine Meyer

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20453



To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth

1. Sex (state whether Male or Female).

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Sept 4th 1877

4. Place of Birth (Street and Number)

Bellvue Court.

5. Full Name of Mother

Lochner Miller

6. Mother's Maiden Name

C. Lochner

7. Mother's Birthplace

Balto

8. Full Name of Father

Wm Miller

9. Father's Occupation

Driver

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs Mary L. Linn

Address

No. 203 Washington St.

Remarks

F.P.

That any physician, accouchant, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



204574

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

First
Female

1. Sex (state whether Male or Female)

White

2. Race or Color (if not of the white race)

Sept 4th 1877

3. Date of Birth

4. Place of Birth (Street and Number)

107 Chase St
Estelle Robertson

5. Full Name of Mother

Estelle Fisher

6. Mother's Maiden Name

Maryland

7. Mother's Birthplace

Ar. R. Robertson

8. Full Name of Father

Lawyer

9. Father's Occupation

Maryland

10. Father's Birthplace

Riggin Buckler

Name of Medical Attendant, or other Person who makes this Return.

135 N Charles St

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children, born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20455

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Sept 4 1877*
4. Place of Birth (Street and Number) *53 Goodman's alley*
5. Full Name of Mother *Mary McLaughlin*
6. Mother's Maiden Name *Mary Macken*
7. Mother's Birthplace *England*
8. Full Name of Father *John McLaughlin*
9. Father's Occupation *Cropper*
10. Father's Birthplace *Philadelphia*
- Name of Medical Attendant, or other Person who makes this return *Thomas Fortman*
- Address
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20456

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 5 September 5

4. Place of Birth (Street and Number) High St

5. Full Name of Mother Elizabeth Powers

6. Mother's Maiden Name King

7. Mother's Birthplace Baltimore

8. Full Name of Father John Powers

9. Father's Occupation Printer

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this return Isabella J. Whisner

Address No 7 ~~High St~~ Forest Place

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

4th

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

September 5th 1877

4. Place of Birth (Street and Number)

Baltimore City Limits - West

5. Full Name of Mother

Ella Hadel

6. Mother's Maiden Name

Ella Kemp

7. Mother's Birthplace

Baltimore City

8. Full Name of Father

Charles A Hadel

9. Father's Occupation

Clerk

10. Father's Birthplace

Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

L. S. Hanow M.D.

Address

Patterson Avenue No 95

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



20458

Sept. 4th 1877

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Sept. 3rd 1877

4. Place of Birth (Street and Number) 797 cor. Eastern Ave + Wolfe St.

5. Full Name of Mother Lena Wehr

6. Mother's Maiden Name Lena Schick

7. Mother's Birthplace Germany

8. Full Name of Father Christ Wehr

9. Father's Occupation Milk Dairy

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this return

Mrs. M. Amend.

Address No. 137 Wolfe St.

Remarks 112

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20459

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st child*
1. Sex (state whether Male or Female) *female*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *September 6 1877*
4. Place of Birth (Street and Number) *64 Castle St*
5. Full Name of Mother *Rose Hart*
6. Mother's Maiden Name *Rose Carrin*
7. Mother's Birthplace *Ireland*
8. Full Name of Father *Patrick Hart*
9. Father's Occupation *laborer*
10. Father's Birthplace *Ireland*

Name of Medical Attendant, or other Person who makes this Return.

Address *Bartholomew Garrett*

Remarks *433 Aliceanna St*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar thereof, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20460

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c) *1st child*
 1. Sex (state whether Male or Female) *Male child*
 2. Race or Color (if not of the white race) *White child*
 3. Date of Birth *5 of September 1877*
 4. Place of Birth (Street and Number) *Philadelphia Road south*
 5. Full Name of Mother *Emma Troy*
 6. Mother's Maiden Name *Emma L. Mearns*
 7. Mother's Birthplace *Baltimore*
 8. Full Name of Father *William H. Troy*
 9. Father's Occupation *Plasterer*
 10. Father's Birthplace *Haverdusters*
 Name of Medical Attendant, or other Person who makes this Return *Midwife Mary Larkson*
 Address *825 Mack Lane street*
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

20461

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- | | |
|---|---------------------|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 1st Child |
| 1. Sex (state whether Male or Female) | 1 Boy |
| 2. Race or Color (if not of the white race) | White |
| 3. Date of Birth | 6th September 1877 |
| 4. Place of Birth (Street and Number) | 2 South E. Avenue |
| 5. Full Name of Mother | Maggie Wagner |
| 6. Mother's Maiden Name | Maggie Brudie |
| 7. Mother's Birthplace | Baltimore |
| 8. Full Name of Father | Frank Louis Brudie |
| 9. Father's Occupation | Laborer |
| 10. Father's Birthplace | Baltimore |
| Name of Medical Attendant, or other Person who makes this Return. | Armed in Hospital |
| Address | 714 North E. Avenue |
| Remarks | John K. Brudie |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

second
Male

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

Sept 5 1877
219 N. Caroline St
Adeline Gill

4. Place of Birth (Street and Number)

5. Full Name of Mother

Adeline Gill
Witchell

6. Mother's Maiden Name

7. Mother's Birthplace

Balt. Md.

8. Full Name of Father

Mr. Frank Gill

9. Father's Occupation

Type Caster

10. Father's Birthplace

Balt. Md.

Name of Medical Attendant, or other Person who makes this Return.

Mary A. Allwell

Address

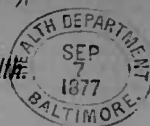
286 McEwing St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2463



To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

Dark

3. Date of Birth

Sept 5 1877

4. Place of Birth (Street and Number)

273 A Canton St

5. Full Name of Mother

6 heirs to Mrs. Johnson

6. Mother's Maiden Name

" Smith

7. Mother's Birthplace

Spaulding Co. Ind

8. Full Name of Father

George Johnson

9. Father's Occupation

Master

10. Father's Birthplace

Kent Co. Me

Name of Medical Attendant, or other Person who makes this Return.

Mr. Riden Ind.

Address

My Mrs. Mary R.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

9th
Female

White

Sept 5th / 77

Lehigh st No 3

Kate Höerner

Kate Pickens

German

Franc Höerner

Butcher

Bath

Gehanna Schulte

Midwife

No 320 Alice Anna st.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

5th
Male
White
Sept. 5th / 77
Potomac st No 21
Barbara Boston
Helm
Bath
Henry Boston
Labourer
Sum
Johanne Schutte
Midwife
320 Alice Anne st

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20466

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

William Müller



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *September 5th 1877*
4. Place of Birth (Street and Number) *No. 2316 Cedar St.*
5. Full Name of Mother *Michelinea Müller*
6. Mother's Maiden Name *Wilhelmina Samuel.*
7. Mother's Birthplace *Keweenaw Castle*
8. Full Name of Father *Justus Müller.*
9. Father's Occupation *Cabinet maker.*
10. Father's Birthplace *Keweenaw Castle*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. M. A. Galt.*
- Address *No. 181 N. Central Avenue.*
- Remarks *All well* **OTHER DATE ADDED.** *10-6-54*

advised at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20467

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
 1. Sex (state whether Male or Female) *Male*
 2. Race or Color (if not of the white race) *White*
 3. Date of Birth *September 5th*
 4. Place of Birth (Street and Number) *No. 144 1/2 Pucca V. Franklin St.*
 5. Full Name of Mother *Mary Samrak*
 6. Mother's Maiden Name *Mary Barwacke*
 7. Mother's Birthplace *Prana Bohemian.*
 8. Full Name of Father *Joseph Samrak*
 9. Father's Occupation *Shoemaker*
 10. Father's Birthplace *Prana Bohemian.*
 Name of Medical Attendant, or other Person who makes this Return. *Dr. M. A. Butt.*
 Address *No. 181 N. Central Avenue.*
 Remarks *All well.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20468

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20469

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 child
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) _____
3. Date of Birth 5 September 1877
4. Place of Birth (Street and Number) corner of
5. Full Name of Mother Mrs. Mary
6. Mother's Maiden Name Gracie
7. Mother's Birthplace Baltimore
8. Full Name of Father Harmon
9. Father's Occupation night porter
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. James A. Mc
- Address 15 Hollist
- Remarks _____

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

204-70

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 5 September
4. Place of Birth (Street and Number) 202 Eastern Ave
5. Full Name of Mother Julia Grossmick
6. Mother's Maiden Name Hessmann
7. Mother's Birthplace Baltimore
8. Full Name of Father Henry Grossmick
9. Father's Occupation carpenter
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Stephen Simon
- Address 404 Greenly Street
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

20471

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 8th Sept. 1877
4. Place of Birth (Street and Number) 66 S. Ann St.
5. Full Name of Mother Mary Catherine Remington
6. Mother's Maiden Name Ragner
7. Mother's Birthplace Balto. City
8. Full Name of Father James Remington
9. Father's Occupation Book Keeper
10. Father's Birthplace Dorchester Co. Md.
- Name of Medical Attendant, or other Person who makes this Return. E. P. Evans M.D.
- Address _____
- Remarks _____

That any physician, apothecary, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20472

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

7th
Female

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

White

3. Date of Birth

September 5, 1877

4. Place of Birth (Street and Number)

25 W. Lombard St

5. Full Name of Mother

Mary F. Raily

6. Mother's Maiden Name

Mary F. Brown

7. Mother's Birthplace

Maryland

8. Full Name of Father

William P. Raily

9. Father's Occupation

Steam Engineer

10. Father's Birthplace

Maryland

Name of Medical Attendant, or other Person who makes this Return.

J. M. Honek M.D.

Address

75 E. Baltimore St.

Remarks

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1210.

RETURN OF A BIRTH.

20473

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

6th

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Sept 6 1877

4. Place of Birth (Street and Number)

Chappel st No. 8.

5. Full Name of Mother

Mary Bamberger

6. Mother's Maiden Name

Mary Demling

7. Mother's Birthplace

Cherhansbach Prussia

8. Full Name of Father

Casper Bamberger

9. Father's Occupation

Laborer

10. Father's Birthplace

Black st Prussia

Name of Medical Attendant, or other Person who makes this Return.

Dr. Johanna Baupach

Address

South Wolfe st No 28

Remarks

W. D. Wolfe

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third
Male

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

September 6th 1877

4. Place of Birth (Street and Number)

No 47 Scott St

5. Full Name of Mother

Emma Frances Stewart

6. Mother's Maiden Name

Emma Frances Burns

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Francis A. Stewart

9. Father's Occupation

Express Driver

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs Jane Winberger
No 23 N. Liberty St.

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20475

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex (state whether Male or Female)

male

2. Race or Color (if not of the white race)

3. Date of Birth

Sept. 6th, 1877

4. Place of Birth (Street and Number)

57 Market Space

5. Full Name of Mother

Mrs. Anna Shoemaker

6. Mother's Maiden Name

William Shaugher

7. Mother's Birthplace

United States

8. Full Name of Father

Henry Shoemaker

9. Father's Occupation

Brace

10. Father's Birthplace

United States

Name of Medical Attendant, or other Person who makes this return

Sarah Barker

Address

52 E. Lombard St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d

1. Sex (state whether Male or Female)

female

2. Race or Color (if not of the white race)

3. Date of Birth

Sept. 6th 1877

4. Place of Birth (Street and Number)

84 Dulles Str

5. Full Name of Mother

Anna Freibert

6. Mother's Maiden Name

Anna Bowald

7. Mother's Birthplace

Germany

8. Full Name of Father

Adolf Freibert

9. Father's Occupation

Laborer

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this return

Ernest Casper

Address

52 E. Lombard Str

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20477

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth Child*
1. Sex (state whether Male or Female) *Girl*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *6 of September 1877*
4. Place of Birth (Street and Number) *102 North Hollister Street*
5. Full Name of Mother *Mrs. Margaret*
6. Mother's Maiden Name *Frederick*
7. Mother's Birthplace *Germany*
8. Full Name of Father *John Frederick*
9. Father's Occupation *Laborer in Germany*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Caroline Kunkel*
- Address *102 North Hollister Street*
- Remarks *Healthy*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or deliver at the birth of any child within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. He or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3^d
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 6. of September, 1877.
4. Place of Birth (Street and Number) 21. 25 Abbott St Baltimore
5. Full Name of Mother Mary. Wißtan
6. Mother's Maiden Name M. Haripann.
7. Mother's Birthplace Bohemia
8. Full Name of Father Josef Wißtan
9. Father's Occupation Laborer.
10. Father's Birthplace Bohemia
- Name of Medical Attendant, or other Person who makes this Return, Katherine Bascowick,
- Address 21. 40. Abbott St Balto.
- Remarks Born Live.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20479

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Sept. 6th / 77

4. Place of Birth (Street and Number)

Alice Anna St. No. 290

5. Full Name of Mother

Mary Brockman

6. Mother's Maiden Name

Mary Schaefer

7. Mother's Birthplace

Balt.

8. Full Name of Father

William Brockman

9. Father's Occupation

Engineer

10. Father's Birthplace

Balt.

Name of Medical Attendant, or other Person who makes this Return.

Gerhanna Schutte

Address

Midwife

Remarks

320 Alice Anna st.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7
1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) colored
3. Date of Birth sep 6
4. Place of Birth (Street and Number) 2112 Durham st
5. Full Name of Mother Eliza Ann Galloway
6. Mother's Maiden Name Eliza Cook
7. Mother's Birthplace Baltimore
8. Full Name of Father Jahm Galloway
9. Father's Occupation labor
10. Father's Birthplace Richmond Va
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Leas Johnson
- Address no 32 North st
- Remarks Healthy child

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the 1
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth the 6th of September
4. Place of Birth (Street and Number) 251 Gaces
5. Full Name of Mother Liespot Kap Harper
6. Mother's Maiden Name Liespot Shriver
7. Mother's Birthplace Baltimore
8. Full Name of Father George Penn Schriber
9. Father's Occupation Shoe Maker
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Abel Sauer
- Address 171 Harper cir.
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c) *2nd*
 1. Sex (state whether Male or Female) *Female*
 2. Race or Color (if not of the white race) _____
 3. Date of Birth *Sept 6th 1877*
 4. Place of Birth (Street and Number) *558 E. Balt. St.*
 5. Full Name of Mother *Mary C. Sheppard,*
 6. Mother's Maiden Name *" " Lee*
 7. Mother's Birthplace *Phila. Pa.*
 8. Full Name of Father *Franklin L. Sheppard,*
 9. Father's Occupation *Shoes et c.*
 10. Father's Birthplace *Phila. Pa.*
 Name of Medical Attendant, or other Person who make this return. *H. L. G. Ruck M. D.*
 Address *Balt. & Wash. Sts.*
 Remarks *Natural*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

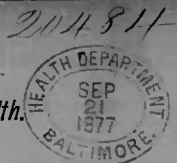


- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) white
3. Date of Birth sep 6
4. Place of Birth (Street and Number) 13 Lippis st
5. Full Name of Mother Mary E Smith
6. Mother's Maiden Name Mary E Bunch
7. Mother's Birthplace Baltimore
8. Full Name of Father Joseph Smith
9. Father's Occupation Drive garbage cart
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Johnson
- Address 32 Chart
- Remarks very delicate child

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) _____
3. Date of Birth Sept 11
4. Place of Birth (Street and Number) 111 Madison St
5. Full Name of Mother Elizabeth Calver
6. Mother's Maiden Name W. Calver
7. Mother's Birthplace Baltimore
8. Full Name of Father Thomas Calver
9. Father's Occupation W. Calver
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return Wm. R. Cutting
- Address 11 S. 1st Avenue
- Remarks _____

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20485

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Sept. 6th 1877*
4. Place of Birth (Street and Number) *No 301 Monument St.*
5. Full Name of Mother *Katy Friedricha Neeshman*
6. Mother's Maiden Name *Katy Batty*
7. Mother's Birthplace *Baltimore City*
8. Full Name of Father *Fredrick B. Neeshman*
9. Father's Occupation *Shunter*
10. Father's Birthplace *Baltimore City*
- Name of Medical Attendant, or other Person who makes this Return. *Mary Hall*
- Address *25. N. Caroline St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

205186



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) _____
3. Date of Birth September 6th 1877
4. Place of Birth (Street and Number) no 11 Howard Baltimore
5. Full Name of Mother Mary Nicholson
6. Mother's Maiden Name Quinnard
7. Mother's Birthplace Baltimore Ind
8. Full Name of Father George Nicholson
9. Father's Occupation Baggage Agent
10. Father's Birthplace Baltimore Ind
- Name of Medical Attendant, or other Person who makes this Return. Mrs Anne Mesenzers
- Address 220 Chestnut Baltimore
- Remarks _____

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race)
3. Date of Birth *September 6th 1877.*
4. Place of Birth (Street and Number) *Port St. No 96.*
5. Full Name of Mother *Anna Lefser*
6. Mother's Maiden Name *Anna Freibel.*
7. Mother's Birthplace *Baltimore, Md.*
8. Full Name of Father *Charles Lefser*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Dorothea Beune*
- Address *114 Battery St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Born on the 6 September*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Thursday, 6 September 1877*
4. Place of Birth (Street and Number) *15 Portland St*
5. Full Name of Mother *Christine Hausmann*
6. Mother's Maiden Name *Christine Kasper*
7. Mother's Birthplace *near Baltimore*
8. Full Name of Father *John George Hausmann*
9. Father's Occupation *Driver*
10. Father's Birthplace *near Mittenberg*
- Name of Medical Attendant, or other Person who makes this Return *Dr. J. C. Gerstenberger*
- Address *69 Portland St*
- Remarks *Portland St 69*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20489

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Bigner Baltimore*
 1. Sex (state whether Male or Female) *M Bigner*
 2. Race or Color (if not of the white race) *it is White race*
 3. Date of Birth *26 September 1877*
 4. Place of Birth (Street and Number) *Baltimore alexander st 632*
 5. Full Name of Mother *Sofa Resen*
 6. Mother's Maiden Name *Sofa Joseph*
 7. Mother's Birthplace *Bigner*
 8. Full Name of Father *John Joseph*
 9. Father's Occupation *Carpenter*
 10. Father's Birthplace *Bigner*
 Name of Medical Attendant, or other Person who makes this Return. *Salace Turkish*
 Address *1567 Washon St*
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2^d*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Sept. 6th 1877*
4. Place of Birth (Street and Number) *Baltimore Parkin^g St. N^o. 123*
5. Full Name of Mother *Elizabeth Snell*
6. Mother's Maiden Name *Elizabeth Snider*
7. Mother's Birthplace *Pennsylvania*
8. Full Name of Father *Amiel Snell*
9. Father's Occupation *Blacksmith*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this return *Mrs. G. Mitchell*
- Address *N^o. 122 Parkin^g St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20491

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *one Child one mother*

1. Sex (state whether Male or Female) *male Child*

2. Race or Color (if not of the white race) *Colored*

3. Date of Birth *September the 6-18-77*

4. Place of Birth (Street and Number) *Malikin St 181*

5. Full Name of Mother *Josephine Lomax*

6. Mother's Maiden Name *Fredeline Gaines*

7. Mother's Birthplace *Baltimore Md*

8. Full Name of Father *James Lomax*

9. Father's Occupation *Water*

10. Father's Birthplace *Baltimore Md*

Name of Medical Attendant, or other Person who makes this Return. *Lucinda Waulford*

Address *Regester St 130*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

2014-92

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth Sept. 6th 1899
4. Place of Birth (Street and Number) No. 24 Columbia Ave.
5. Full Name of Mother Alice Jones
6. Mother's Maiden Name Alice Townsend
7. Mother's Birthplace Baltimore
8. Full Name of Father Frank Jones
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. J. M. Mercer
- Address 135 W. 1st St.
- Remarks No. Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20493

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *The fourth child*
1. Sex (state whether Male or Female) *This is a male child*
2. Race or Color (if not of the white race) *Colored child*
3. Date of Birth *September 6 1877*
4. Place of Birth (Street and Number) *Charch St No 72*
5. Full Name of Mother *Sarah Brown*
6. Mother's Maiden Name *Sarah Clarkson*
7. Mother's Birthplace *Easton Shore of Queen Anne's County*
8. Full Name of Father *William H. Clarkson*
9. Father's Occupation *carpenter in cold yard*
10. Father's Birthplace *Easton Shore of Queen Anne's Co.*
- Name of Medical Attendant, or other Person who makes this Return. *Charles H. H. H. H.*
- Address *South-Wayne St No 141*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, in or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

20494

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, ~~2d~~, &c.)

Second

1. Sex (~~state whether Male or~~ Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

September 6th 1877

4. Place of Birth (Street and Number)

45 Mount Vernon Place

5. Full Name of Mother

Emilie Barroll

6. Mother's Maiden Name

Emilie Lee

7. Mother's Birthplace

Wilkes Barre, Pa

8. Full Name of Father

Benj C Barroll jr

9. Father's Occupation

Merchants

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who
makes this Return.

Triffin Buckle

Address

135 N Charles St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~)

1. Sex (~~state whether Male or Female~~)
2. Race or Color (~~if not of the white race~~)
3. Date of Birth
4. Place of Birth (Street and Number)
5. Full Name of Mother
6. Mother's Maiden Name
7. Mother's Birthplace
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address.

Remarks

Sept 7th 1877
30 S. Broadway St
Fronika M. Michals
Fronika M. Lapp.
Martinsburg, Germany.
Godfrey Joseph
Blacksmith
Baltimore City
John S. H. Meyer M.D.,
" "
City.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20496



To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth 7 September

4. Place of Birth (Street and Number) 20 Exeter St

5. Full Name of Mother Catharine McAliff

6. Mother's Maiden Name McDonald

7. Mother's Birthplace Ireland

8. Full Name of Father Samuel McAliff

9. Father's Occupation Meat Cleaver

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this return Kasula Thrimmer

Address No 7 Forrest Place

Remarks

RETURN OF A BIRTH.

20497

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



Name of Mother, (state whether 1st, 2d, 3d, &c.)

Sex whether Male or Female

Color (if not of the white race)

Birth

Birth (Street and Number)

Name of Mother

Maiden Name

Birthplace

Name of Father

Occupation

Birthplace

Medical Attendant, or other Person who makes this Return

Childwife Susan Goo Maggon
47 North Durham street

female
Colored

September 7. 1877

No 1 Tenfoot ally

Emma Wheeler

Emma Wheeler

Baltimore, Md

James Fisher

water

Baltimore Md

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20498

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth 7 Sept
4. Place of Birth (Street and Number) Water St. No 93
5. Full Name of Mother Mrs. Bennett
6. Mother's Maiden Name "
7. Mother's Birthplace Eastern Shore Md
8. Full Name of Father James Moore
9. Father's Occupation Carriage Driver
10. Father's Birthplace Eastern Shore Md
- Name of Medical Attendant, or other Person who makes this Return. George C. C. C. C.
- Address 256 Broad St. Court
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar of the City of Baltimore, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or child-
born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20499

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *9th*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Sept 7. 77.*
4. Place of Birth (Street and Number) *76 N Fremont St*
5. Full Name of Mother *Margaret D. Oliver*
6. Mother's Maiden Name *Lane*
7. Mother's Birthplace *Balto*
8. Full Name of Father *Jno. Oliver*
9. Father's Occupation *Printer*
10. Father's Birthplace *Balto*
Name of Medical Attendant, or other Person who make this Return. *Louis M. Eashman*
Address *349 E. ...*
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) _____
3. Date of Birth *September 7th 1877*
4. Place of Birth (Street and Number) *293 McDougall St*
5. Full Name of Mother *Laura Thomas*
6. Mother's Maiden Name *Laura Jones*
7. Mother's Birthplace *Balto. Md.*
8. Full Name of Father *Harry L. Thomas*
9. Father's Occupation *Bricklayer*
10. Father's Birthplace *Balto. Md.*
- Name of Medical Attendant, or other Person who makes this Return. *Mary A. Howell*
- Address *286 McDougall St*
- Remarks _____

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH. 20501

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st child Female

1. Sex (state whether Ma's or Female)

2. Race or Color (if not of the white race)

White

3. Date of Birth

Annvale in Balto. city
Sep 7th 1877

4. Place of Birth (Street and Number)

5. Full Name of Mother

Susan Sharp

6. Mother's Maiden Name

Hersan Holleyday

7. Mother's Birthplace

Salbot-Co Md

8. Full Name of Father

Walter Sharp

9. Father's Occupation

Manufacturer

10. Father's Birthplace

Norfolk Va

Name of Medical Attendant, or other Person who makes this Return.

Alfred W. Brown M.D.
87 Franklin St

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

11
Boy Male
White
7th & Sep. 1877.
204 N. Broadway.
B. Bitzel
B. Stein
Germany
T. Bitzel
Confecanery
Germany
May Walter
257 N. Caroline.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Sept 7th 1877*

4. Place of Birth (Street and Number) *No 119 N. Bethel st.*

5. Full Name of Mother *Julia B. Brady*

6. Mother's Maiden Name *Julia Williams*

7. Mother's Birthplace *Boston*

8. Full Name of Father *George Brady*

9. Father's Occupation *Carpenter*

10. Father's Birthplace *Baltimore City*

Name of Medical Attendant, or other Person who makes this Return. *Mary Haller*

Address *123 N. Caroline st.*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20504

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Sept 1st*
4. Place of Birth (Street and Number) *1213 Reardon St*
5. Full Name of Mother *Mary Smith*
6. Mother's Maiden Name *Mary Hartle*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Louis Smith*
9. Father's Occupation *Engineer*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Catherine Horner*
- Address *1213 Reardon St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend a woman of advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20505

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d child*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *September 7th*
4. Place of Birth (Street and Number) *105 Warner St*
5. Full Name of Mother *Fannie Smith*
6. Mother's Maiden Name *11 Rose*
7. Mother's Birthplace *Fresternau, Germany*
8. Full Name of Father *Jacob Smith*
9. Father's Occupation *Painter*
10. Father's Birthplace *Worms Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Miss Strang*
- Address *105 M. Strang*
- Remarks *No 32. Local School Street*

That any physician, accoucheteur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

White
Sept 7th 1877
81 S. Stricker St.
Alice Shipley
Alice Beard
Baltimore Md
Wm. A. Shipley
Mechanic
Baltimore Md

H. P. Piccini
379 W. Lombard St.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *one Child one mother*

1. Sex (state whether Male or Female) *male Child*

2. Race or Color (if not of the white race) *Colored race*

3. Date of Birth *Sept the 7. 18. 77*

4. Place of Birth (Street and Number) *Madison St 142*

5. Full Name of Mother *[illegible]*

6. Mother's Maiden Name *Lamar Webb*

7. Mother's Birthplace *Portine Co Md.*

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. *Lurinda Walters*

Address *Register St 130 Baltimore*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition; whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th Child*
1. Sex (state whether Male or Female) *Male.*
2. Race or Color (if not of the white race) *W-*
3. Date of Birth *Sept. 7th 1877*
4. Place of Birth (Street and Number) *4 Russell St.*
5. Full Name of Mother *Fredica A. Fisher.*
6. Mother's Maiden Name *" Glenn.*
7. Mother's Birthplace *Norfolk, Va.*
8. Full Name of Father *Chas. Fisher.*
9. Father's Occupation *Wagoner.*
10. Father's Birthplace *Balto. City.*
Name of Medical Attendant, or other Person who makes this Return. *R. J. H. Tall. M. D.*
Address *152 S. Sharp St.*
Remarks *Child living -*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex (state whether Male or Female)
2. Race or Color (if not of the white race)
3. Date of Birth
4. Place of Birth (Street and Number)
5. Full Name of Mother
6. Mother's Maiden Name
7. Mother's Birthplace
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Fourth
Female
White
Sept 7th 1877
149 Chapel St. F.P.
Maggie M. Conner
Maggie Will
Baltimore
John Conner
Labourer
Baltimore
Mrs Mary Williams
203 Washington St
F.P.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20510

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second.*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Sept. 7th 1897,*
4. Place of Birth (Street and Number) *# 135 Schuster Str.*
5. Full Name of Mother *Mary C. G. McElroe*
6. Mother's Maiden Name *Mary C. G. Bellis*
7. Mother's Birthplace *Batavia*
8. Full Name of Father *Wm. McElroe*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Batavia*
- Name of Medical Attendant, or other Person who makes this Return. *Wm. Mary Fleming*
- Address *# 203 Washington St.*
- Remarks *J. P.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20511
V

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *Sept 7th 1877*
4. Place of Birth (Street and Number) *346 Maryland st*
5. Full Name of Mother *Mary Sophia Stoffel*
6. Mother's Maiden Name *Mary S. Vollmer*
7. Mother's Birthplace *Germany, Hanover*
8. Full Name of Father *Chas. L. Stoffel*
9. Father's Occupation *Barber*
10. Father's Birthplace *Balt Md.*
Name of Medical Attendant, or other Person who makes this Return. *John A. Conner*
Address *286 E. Balt st.*
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20512

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c) 6th
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) _____
3. Date of Birth Sept. 7th 77
4. Place of Birth (Street and Number) 181 Eastern Ave
5. Full Name of Mother Elizabeth Laumann
6. Mother's Maiden Name " Dammfelsen
7. Mother's Birthplace Germany
8. Full Name of Father Adrian Laumann
9. Father's Occupation Ice Man
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Rushman
- Address 10 Banks St
- Remarks _____

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20513

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c) 6th
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth Sept 7th 77
4. Place of Birth (Street and Number) No 185 S Broadway
5. Full Name of Mother Elizabeth Weiss
6. Mother's Maiden Name " Landauer
7. Mother's Birthplace Germany
8. Full Name of Father Charles Weiser
9. Father's Occupation Laborer Keeper
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who make this Return. Mrs Elizabeth Buschmann
- Address 120 Bank St
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex (~~state whether Male or Female~~)
2. Race or Color (if not of the white race) Colored
3. Date of Birth Sept. 8th 1877
4. Place of Birth (Street and Number) No 3 Lewis St.
5. Full Name of Mother Willie Marshall
6. Mother's Maiden Name " Small
7. Mother's Birthplace Ill. Maryland
8. Full Name of Father Edward Marshall
9. Father's Occupation Hod Carrier
10. Father's Birthplace Baltimore City
- Name of Medical Attendant, or other Person who makes this return Mary Giddings
- Address 3 Lewis St.
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20515

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

8

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

8 September 1877

4. Place of Birth (Street and Number)

Seco Highland Ter

5. Full Name of Mother

Lizzie Stony

6. Mother's Maiden Name

Lizzie Craft

7. Mother's Birthplace

Baltimore

8. Full Name of Father

George Stony

9. Father's Occupation

labor

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Wm E Leay

Address

193 Lehigh St

Remarks

Healthy

That any physician, accoucheur, midwife, or other person in charge, who shall receive, direct or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th Child*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) _____
3. Date of Birth *Sept 3rd 1877*
4. Place of Birth (Street and Number) *No 18 Lisbeth Lane*
5. Full Name of Mother *Mary Anne*
6. Mother's Maiden Name *Unkelbach*
7. Mother's Birthplace *Germany*
8. Full Name of Father *John Meyer*
9. Father's Occupation *carpenter*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *J. Lohmeyer midwife*
- Address *213 Cross St.*
- Remarks _____

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

20517

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether ~~Male~~ or Female)

2. Race or Color (if not of the white race)

3. Date of Birth Sept 18 1877

4. Place of Birth (Street and Number) 238 Chew st-

5. Full Name of Mother Larra Dudrow

6. Mother's Maiden Name Wager

7. Mother's Birthplace Ohio

8. Full Name of Father Joseph Parker Dudrow

9. Father's Occupation Carpenter

10. Father's Birthplace Frederick County - Maryland

Name of Medical Attendant, or other Person who makes this Return. Wm. D. Russell

Address Broadway & Madison st-

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20518

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Sept. 8th 1877*
4. Place of Birth (Street and Number) *160. South Wolf st*
5. Full Name of Mother *Lizzie Cushman*
6. Mother's Maiden Name *Muth*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Jacob Cushman*
9. Father's Occupation *Sgt. Captain*
10. Father's Birthplace *German*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Getzke*
- Address *No. 55. South Bond st*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20519

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *first*
1. Sex (state whether Male or Female) *female*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *September 8th 1877*
4. Place of Birth (Street and Number) *54 German street*
5. Full Name of Mother. *Emilia Jackson*
6. Mother's Maiden Name *Emilia Limgby*
7. Mother's Birthplace *Cze. Ungars*
8. Full Name of Father *Thomas Jackson*
9. Father's Occupation *Privatier*
10. Father's Birthplace *Vienna Austria*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Schleifer*
- Address *33 Howard, Lomparath*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20520

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1 - Chief*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *5th September*
4. Place of Birth (Street and Number) *71 Chamberge St*
5. Full Name of Mother *Elizabeth Campbell*
6. Mother's Maiden Name *Elizabeth Vitcher*
7. Mother's Birthplace *Baltimore M.D.*
8. Full Name of Father *Robert Campbell*
9. Father's Occupation *labor*
10. Father's Birthplace *Baltimore M.D.*
- Name of Medical Attendant, or other Person who makes this Return. *Lousia Wiley*
- Address *No 12 Patern Park ar new*
- Remarks

RETURN OF A BIRTH.

20521

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Male
White
Sept 9th 1877
No 295 Light St
Emma Lambert
Emma Seal
Ind
Frank Lambert
Maziner
Ind
H B & Co & Co
17 Inner

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1st.
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Sept. 8 - 1877
4. Place of Birth (Street and Number) 42 Jackson Sq. Ave
5. Full Name of Mother Zelma Dornell
6. Mother's Maiden Name Zelma Jones
7. Mother's Birthplace Annamdel Co.
8. Full Name of Father Everett J. Dornell
9. Father's Occupation Home Carpenter
10. Father's Birthplace Annamdel Co.
- Name of Medical Attendant, or other Person who makes this Return. James E. Dornell M.D.
- Address 277 E. Baltimore St.,
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its, or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Sept 8th 1877*
4. Place of Birth (Street and Number) *No 187 Constitution*
5. Full Name of Mother *Margtha Warel*
6. Mother's Maiden Name *Margtha Shray*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Daniel Warel*
9. Father's Occupation *Distributing agent Ford opera house*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this return *Dena Hillegist*
- Address *No 182 Monument st*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20594

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Sept 24 1877

4. Place of Birth (Street and Number)

158 Hanover St

5. Full Name of Mother

Eliza C. Gunn

6. Mother's Maiden Name

Eliza C. Gunn

7. Mother's Birthplace

Maryland

8. Full Name of Father

James W. Gunn

9. Father's Occupation

Bank Clerk

10. Father's Birthplace

Maryland

Name of Medical Attendant, or other Person who makes this return

Theodore C. C. S.

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend a case of advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20525

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Fourth child*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Sept. 9th 1877*
4. Place of Birth (Street and Number) *S. Chester St.*
5. Full Name of Mother *Mary Herman*
6. Mother's Maiden Name *Kelly*
7. Mother's Birthplace *Baltimore City*
8. Full Name of Father *Michael Herman*
9. Father's Occupation *Stone Maker*
10. Father's Birthplace *Ireland*
- Name of Medical Attendant, or other Person who makes this Return. *Wm. B. Grady*
- Address *244 N. Grand St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, nurse, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20526

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex (state whether Male or Female)

male

2. Race or Color (if not of the white race)

3. Date of Birth

Sept 9th 1877

4. Place of Birth (Street and Number)

146 Caroline Str

5. Full Name of Mother

Anna Mages

6. Mother's Maiden Name

Anna Bohler

7. Mother's Birthplace

U. States

8. Full Name of Father

Benjamin Mages

9. Father's Occupation

Laborer

10. Father's Birthplace

United States

Name of Medical Attendant, or other Person who makes this return

Sarah Barker

Address

52 E. Lombard Str

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1d.
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Colored
3. Date of Birth Sep 16 9 1877
4. Place of Birth (Street and Number) Baltimore
5. Full Name of Mother Annie Hardy
6. Mother's Maiden Name Hardy
7. Mother's Birthplace Virginia
8. Full Name of Father James Hardy
9. Father's Occupation Walter
10. Father's Birthplace South Carolina
- Name of Medical Attendant, or other Person who makes this Return. Harry A Dorsey
- Address 23 Oxford St
- Remarks

RETURN OF A BIRTH.

20528

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7
 1. Sex (state whether Male or Female) Female
 2. Race or Color (if not of the white race) White
 3. Date of Birth 9 September 1877
 4. Place of Birth (Street and Number) 425 Canton st
 5. Full Name of Mother Ebene Whitely
 6. Mother's Maiden Name Ebene Thomas
 7. Mother's Birthplace Dorchester County
 8. Full Name of Father Henry Hitzell
 9. Father's Occupation Plumber
 10. Father's Birthplace Baltimore
 Name of Medical Attendant, or other Person who makes this Return. Wm E Gray
 Address 193 Chester st
 Remarks & Healthy

That any physician, accoucher, midwife, or other person in charge, who shall furnish advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

and any physician, accoucheur, midwife, or other person in charge, who shall attend, shall advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20529

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *the third child*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *colored*
3. Date of Birth *the 9*
4. Place of Birth (Street and Number) *Baltimore 33 little monument street*
5. Full Name of Mother *Emilie Lee*
6. Mother's Maiden Name *Emilie Durall*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Horrie Lee*
9. Father's Occupation *Drayman*
10. Father's Birthplace *Tolbert - county*
- Name of Medical Attendant, or other Person who makes this Return. *Sarah Drivell*
- Address *No 33 little monument street*
- Remarks

any person, recorder, or other person who makes this Return, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Three '3)*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *9th Sept 1877*
4. Place of Birth (Street and Number) *Cor E Monument & Central Av*
5. Full Name of Mother *Mary E Hazelip*
6. Mother's Maiden Name *Mary E H. Wilson*
7. Mother's Birthplace *Baltimore Md*
8. Full Name of Father *Oliver J Hazelip*
9. Father's Occupation *Coach Painter*
10. Father's Birthplace *Baltimore Md*
- Name of Medical Attendant, or other Person who makes this Return *Amanda Marone*
- Address *323 E Monument St*
- Remarks *Baltimore Md*

That any physician, accoucheur, midwife, or other person in attendance upon a woman about to be delivered, or who has just delivered, shall report to the registrar aforesaid, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20531

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

3. Date of Birth

September 9th 1877

4. Place of Birth (Street and Number)

81 S. Ann St

5. Full Name of Mother

Mary E. Trumbull

6. Mother's Maiden Name

" " Gayle

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Robert Trumbull

9. Father's Occupation

Paper Hanger

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

C. H. Thomas, M.D.

Address

85 E. Baltimore St

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1 child*
1. Sex (state whether Male or Female) *female*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *September 9 1877*
4. Place of Birth (Street and Number) *Luzerne St 28*
5. Full Name of Mother *Mrs. A. Bittner*
6. Mother's Maiden Name *Mrs. Long*
7. Mother's Birthplace *Germany*
8. Full Name of Father *John Bittner*
9. Father's Occupation *Sales*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. L. A. N. Garrett*
- Address *433 Aliceanna St*
- Remarks

THE REGISTERS, ASSISTANTS, INTERVISORS, OR OTHER PERSON IN CHARGE, WHO SHALL SIGN, ASSESSOR OF
advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid,
within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children
born, its or their physical condition, whether still born or not, the full name, nativity, and residence of
the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 child
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 9 September
4. Place of Birth (Street and Number) 697 St. High St
5. Full Name of Mother Mary Miller
6. Mother's Maiden Name Mary Little
7. Mother's Birthplace Baltimore
8. Full Name of Father Charles Miller
9. Father's Occupation Contractor
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this return Mrs. Eliza Fleming
- Address 97 St. Lawrence St
- Remarks Baltimore

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex (state whether Male or Female) *White Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Sept 9th 1877*
4. Place of Birth (Street and Number) *No 278 East Lombard st*
5. Full Name of Mother *Clara Ulbrich*
6. Mother's Maiden Name *" " Myer*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Anton Ulbrich*
9. Father's Occupation *Clerk*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Gitzke*
- Address *No 55 South Bond st*
- Remarks

adverse at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. He or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) Cauc
3. Date of Birth September 9 1877 12 light
4. Place of Birth (Street and Number) Nichols court 112 & taken care
5. Full Name of Mother Ellen Braden
6. Mother's Maiden Name Ellen Jones
7. Mother's Birthplace Deal Island
8. Full Name of Father Lyell Jones
9. Father's Occupation Oyster hucker
10. Father's Birthplace Annerundal county
- Name of Medical Attendant, or other Person who makes this Return. Mary Elise
- Address 16 Idwip
- Remarks residence 112 6 Nichols court

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children

RETURN OF A BIRTH.

20536

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

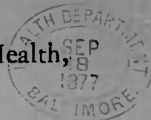


- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4. th
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Colored
3. Date of Birth September 9. th 1877.
4. Place of Birth (Street and Number) No. 5. S. Duncan ally.
5. Full Name of Mother Margret. Green.
6. Mother's Maiden Name Margret. Lewis.
7. Mother's Birthplace Maryland.
8. Full Name of Father Robert. Green.
9. Father's Occupation Labourer.
10. Father's Birthplace Fredrick County, Maryland
- Name of Medical Attendant, or other Person who makes this Return. Alice. A. Chaplain.
- Address. No. 5. S. Dallas. St.
- Remarks

1. Any physician, accoucheur, midwife, or other person who has attended the birth of a child, or who has attended the mother of a child, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20537



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *15*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *9 Sept. 1877*
4. Place of Birth (Street and Number) *199 Light St.*
5. Full Name of Mother *Catharine Rheinhardt*
6. Mother's Maiden Name *Roos*
7. Mother's Birthplace *Germany*
8. Full Name of Father *John Rheinhardt*
9. Father's Occupation *Butcher*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this return *Charles Barber*
- Address *336 E. Lombard*
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20538

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Eleventh (11)*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Sept month (9)*
4. Place of Birth (Street and Number) *Highland Park*
5. Full Name of Mother *Lelia Ann Mathungis*
6. Mother's Maiden Name *Leafhart*
7. Mother's Birthplace *Norfolk Va*
8. Full Name of Father *Geo A Mathungis*
9. Father's Occupation *Butcher*
10. Father's Birthplace *White Oak Swamp near Richmond*
- Name of Medical Attendant, or other Person who makes this Return *Louise Wylie*
- Address *Green St. 126*
- Remarks *Child born with beautiful brown hair - it all its own*

Give any physician, midwife, or other person in attendance, at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20539

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) _____
3. Date of Birth Sept 17th
4. Place of Birth (Street and Number) W. 11th St
5. Full Name of Mother Rebecca Hunt
6. Mother's Maiden Name Adams
7. Mother's Birthplace Ball's Blk
8. Full Name of Father John Hunt
9. Father's Occupation Clerk
10. Father's Birthplace Ball's Blk
- Name of Medical Attendant, or other Person who makes this Return. Dr R Allen
- Address W 11th St
- Remarks _____

any child, within the City of Baltimore, shall report to the registrar aforesaid, thereafter, stating distinctly the date of birth, sex, and color of the child or children or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20540

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1st
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) _____
3. Date of Birth Sept 9th 1877
4. Place of Birth (Street and Number) 1254 1/2 S Bond St
5. Full Name of Mother Laurietta Ripken
6. Mother's Maiden Name Quinn
7. Mother's Birthplace Germany
8. Full Name of Father Matthias Ripken
9. Father's Occupation Liquor Dealer
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Buschman
- Address 120 Bank St.
- Remarks _____

and any physician, midwife, or other person who has attended the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20541

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *September 9th 1877*
4. Place of Birth (Street and Number) *N 41 Mount Vernon Place*
5. Full Name of Mother *Alice S. Clendinen*
6. Mother's Maiden Name *Alice S. Shriver*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Thomas R. Clendinen*
9. Father's Occupation *Attorney at Law*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *H. Prater, M.D.*
- Address. *N 114 Park Ave*
- Remarks _____

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this return

Address

Remarks

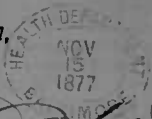
5th
White Male
White
Sept 9th 1877
300 Raynor
Clary Glew
Clary, Fado
Baltimore
Ignatius Glew
Spinner
Germany
Theodore Coote, M.D.

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20542

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First Child*
 1. Sex (state whether Male or Female) *Female*
 2. Race or Color (if not of the white race) *White*
 3. Date of Birth *Sept. 10, 1877*
 4. Place of Birth (Street and Number) *Cor. of Duncan St. & George St.*
 5. Full Name of Mother *Mary Lamb*
 6. Mother's Maiden Name *Swift*
 7. Mother's Birthplace *Pennsylvania*
 8. Full Name of Father *George Lamb*
 9. Father's Occupation *Milk Dealer*
 10. Father's Birthplace *Wentworth*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. H. H. Lamb*
- Address
- Remarks

That any physician, accoucheur, midwife, or other person in charge of a birth, shall report to the registrar aforesaid, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20544

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *the 1st*
 1. Sex (state whether Male or Female) *Male*
 2. Race or Color (if not of the white race) *White*
 3. Date of Birth *Sept 11 1877*
 4. Place of Birth (Street and Number) *264 N. Howard St.*
 5. Full Name of Mother *Mary K. Henry*
 6. Mother's Maiden Name *Henry*
 7. Mother's Birthplace *Baltimore*
 8. Full Name of Father *Frank E. Eder*
 9. Father's Occupation *Fire Engine*
 10. Father's Birthplace *Baltimore*
 Name of Medical Attendant, or other Person who makes this return *William E. Eder*
 Address *264 N. Howard St.*
 Remarks *Free Born*

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21545

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) - 8th

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

September 10th 1877

4. Place of Birth (Street and Number)

No 124 Somerset Street

5. Full Name of Mother

Barbara Evert

6. Mother's Maiden Name

Barbara McAnier

7. Mother's Birthplace

Bavaria Germany

8. Full Name of Father

Andrew Evert

9. Father's Occupation

Tray driver

10. Father's Birthplace

Bavaria Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs M. A. Burt

Address

10181 N. Centre Avenue

Remarks

All well

RETURN OF A BIRTH.

20546

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First*
 1. Sex (state whether Male or Female) *Female*
 2. Race or Color (if not of the white race) *White*
 3. Date of Birth *10 September 1877*
 4. Place of Birth (Street and Number) *49 Pauline St*
 5. Full Name of Mother *Mary Hopkins*
 6. Mother's Maiden Name *Mary Cooper*
 7. Mother's Birthplace *Ireland*
 8. Full Name of Father *Robert Hopkins*
 9. Father's Occupation *carpenter*
 10. Father's Birthplace *Baltimore*
 Name of Medical Attendant, or other Person who
 makes this Return *Mrs C Gray*
 Address *193 Chester St*
 Remarks *Healthy*

and any physician, accoucheur, midwife, or other person, who shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20547

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Child
Female
White
September 10th
Baltimore, Saw St no 50
Margaret Martel
Dieter
Baltimore, Md.
Charles Martel
Carpenter
John Casper
Mrs. Gebach
No. 473 N. St. Baltimore
2139

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first child Baltimore*
1. Sex (state whether Male or Female) *in Baltimore*
2. Race or Color (if not of the white race) *it is White Race*
3. Date of Birth *10 September 1877*
4. Place of Birth (Street and Number) *Baltimore Bond St No 20*
5. Full Name of Mother *Mary Vondrack*
6. Mother's Maiden Name *Mary Proeber*
7. Mother's Birthplace *Sandoric*
8. Full Name of Father *Josef Proeber*
9. Father's Occupation *labor*
10. Father's Birthplace *Sandoric*
- Name of Medical Attendant, or other Person who makes this Return *Mary Hunt*
- Address *North Webster St*
- Remarks *No 61*

That any physician, accoucheur, midwife, or other person, who shall advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20549

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Sept - 12th

4. Place of Birth (Street and Number)

No 17 W Fayette St Balto

5. Full Name of Mother

Evelina Dora Lederer

6. Mother's Maiden Name

Evelina Dora Green

7. Mother's Birthplace

Massachusetts

8. Full Name of Father

Louis Lederer

9. Father's Occupation

Shoemaker

10. Father's Birthplace

Balti City Md

Name of Medical Attendant, or other Person who makes this return

Mrs Rice

Address

No 26 E Lindbergh St. Balto

Remarks

That any physician, accoucheur, midwife, or other person who shall advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

20557

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

3^d Child - Vigorous

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

September 10th 1877.

4. Place of Birth (Street and Number)

465 Linnvale St.

5. Full Name of Mother

Anna H. Romans

6. Mother's Maiden Name

Bentley

7. Mother's Birthplace

Baltimore Ind.

8. Full Name of Father

Freeman H. Romans.

9. Father's Occupation

Carpenter.

10. Father's Birthplace

New York.

Name of Medical Attendant, or other Person who makes this Return.

J. Walton White M.D.
67 N. Gilman St.

Address

Remarks

That any physician, accoucheur, midwife, or other person who shall be present at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born; its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20537

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth Sep 1 1877

4. Place of Birth (Street and Number) 17 Calver St

5. Full Name of Mother Mary J. Smith

6. Mother's Maiden Name M. J. Smith

7. Mother's Birthplace Virginia

8. Full Name of Father Jacob T. Smith

9. Father's Occupation Clothier

10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. Dr. J. H. Smith

Address 17 Calver St

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20552

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2 child*
1. Sex (state whether Male or Female) *female*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *september 10 1877*
4. Place of Birth (Street and Number) *239 gaugh St*
5. Full Name of Mother *fannia laurence*
6. Mother's Maiden Name *fannia lehard*
7. Mother's Birthplace *Baltimore city*
8. Full Name of Father *andrew laurence*
9. Father's Occupation *laborer*
10. Father's Birthplace *Baltimore city*
- Name of Medical Attendant, or other Person who makes this Return. *Richard M. Garrett*
- Address *433 aliceanna St*
- Remarks

That any physician, nurse, or other person, who shall report to the Registrar aforesaid, advice at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

3. Child

Female

White

10. September

69 Cambridge St

Minnie. Hoerner

Minnie. Bellman

Baltimore

Charles. Hoerner

Labar

Germania

Louisa Wiley

No. 12 Patton. Park. Arnold

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Second.
Female
White
September 10-1877
106 George St.
Elizabeth Grote
Winternesch
Balto. City
Herman Grote
Furniture Manufacturer
German
Louis M. Knight M.D.
112 N. Greene

and any physician, midwife, or other person who has attended the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY. 11,



- No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1st
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) _____
3. Date of Birth Sept 10th 1877
4. Place of Birth (Street and Number) No 175 E. Lomb St
5. Full Name of Mother Magdalena Schuler
6. Mother's Maiden Name " Diezess
7. Mother's Birthplace Germany
8. Full Name of Father George Schuler
9. Father's Occupation Tailor
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Buschman
- Address 120 Banks St
- Remarks _____

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c) 2d
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) _____
3. Date of Birth Sept 10th 1877
4. Place of Birth (Street and Number) St 197 S. Durham St.
5. Full Name of Mother Carmin Smith
6. Mother's Maiden Name Smith
7. Mother's Birthplace City
8. Full Name of Father William Smith
9. Father's Occupation Carpenter
10. Father's Birthplace City
- Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Buchanan
- Address 120 Bess St.
- Remarks _____

That any physician, midwife, or other person, who is present at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *September 10th 1877*
4. Place of Birth (Street and Number) *N 255 S. Calver St.*
5. Full Name of Mother *Alice Hammond*
6. Mother's Maiden Name *Alice Hammond*
7. Mother's Birthplace *Annapolis Md*
8. Full Name of Father *William A. Hammond*
9. Father's Occupation *Attorney at Law*
10. Father's Birthplace *Berkely Co. Md*
- Name of Medical Attendant, or other Person who makes this Return. *J. H. Roberts M.D.*
- Address *1114 Park Ave*
- Remarks

Let any physician, nurse, or other person, who may be present at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20558



To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Two*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Sept 11, 1877*
4. Place of Birth (Street and Number) *100 George*
5. Full Name of Mother *Alice Ann Black*
6. Mother's Maiden Name *Alice Walker*
7. Mother's Birthplace *Accomac, Md*
8. Full Name of Father *Henry Black*
9. Father's Occupation *Shoe store*
10. Father's Birthplace *Accomac, Md*
- Name of Medical Attendant, or other Person who makes this Return *Dr Kate Seebhak*
- Address *434 West Pratt*
- Remarks

RETURN OF A BIRTH.

20559

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th Child*

1. Sex (state whether ~~Male~~ or Female)

2. Race or Color (if not of the white race) *White*

3. Date of Birth *September 11, 1877*

4. Place of Birth (Street and Number) *Holland St. No. 88*

5. Full Name of Mother *Sophia Erles*

6. Mother's Maiden Name *Sophia Boller*

7. Mother's Birthplace *Baltimore City*

8. Full Name of Father *William Erles*

9. Father's Occupation *Labor*

10. Father's Birthplace *Baltimore City*

Name of Medical Attendant, or other Person who makes the return

Address *N. Dallas St. No. 26*

Remarks

Mar E. Muller

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20560

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd Child

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

White

3. Date of Birth

September the 11. 1877

4. Place of Birth (Street and Number)

N. Bond. St. No. 98

5. Full Name of Mother

Eva Forstig

6. Mother's Maiden Name

Eva Weins

7. Mother's Birthplace

Salon. Pr. Preussen. Germany

8. Full Name of Father

Johan S. Forstig

9. Father's Occupation

Grocer

10. Father's Birthplace

Wasserbach. Pr. Bayern. Germany

Name of Medical Attendant, or other Person who makes this return

Matz E. Muller

Address

N. Dallas St. No. 26.

Remarks

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th*
1. Sex (state whether Male or Female) *female*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *Sept 11th 1877*
4. Place of Birth (Street and Number) *12 Schroeder St.*
5. Full Name of Mother *Margaretha Schmidt*
6. Mother's Maiden Name *M. J. Michael*
7. Mother's Birthplace *Hessen*
8. Full Name of Father *John Schmidt*
9. Father's Occupation *free maker*
10. Father's Birthplace *Baltimore Md.*
- Name of Medical Attendant, or other Person who makes this Return. *Sept. 11 1877*
- Address *36 W. 11th St.*
- Remarks

RETURN OF A BIRTH.

20562

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Sept 11 1877
4. Place of Birth (Street and Number) 231 Maryland av
5. Full Name of Mother Mrs Cora Spelster
6. Mother's Maiden Name Ema Scott
7. Mother's Birthplace Philadelphia Pa
8. Full Name of Father Wm E. Spelster
9. Father's Occupation Wholesale Grocer
10. Father's Birthplace Baltimore Md
- Name of Medical Attendant, or other Person who makes this Return. W W Thomas
- Address 131 N Charles
- Remarks

Line any physician, accountant, or other person, who, in writing, or otherwise, for the purpose of this return, shall advise at the birth of any child within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20563

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2 child*
1. Sex (state whether Male or Female) *female*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *September 11 1877*
4. Place of Birth (Street and Number) *107 duncan ally*
5. Full Name of Mother *Julia frazer*
6. Mother's Maiden Name *Julia brown*
7. Mother's Birthplace *antonary co*
8. Full Name of Father *John frazer*
9. Father's Occupation *laborer*
10. Father's Birthplace *Baltimore city*
- Name of Medical Attendant, or other Person who makes this Return. *Rachel murray*
- Address *433 alice street*
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20564

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5 child*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *11 September*
4. Place of Birth (Street and Number) *No 68 President St*
5. Full Name of Mother *Eliza Collins*
6. Mother's Maiden Name *Eliza Torrence*
7. Mother's Birthplace *Ireland*
8. Full Name of Father *James Collins*
9. Father's Occupation *Labour*
10. Father's Birthplace *Ireland*
Name of Medical Attendant, or other Person who makes this return *Mrs Eliza Fleming*
Address *97 S. E. Maryland St*
Remarks *Baltimore Md*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First (1st)*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *September 11th, 1874*
4. Place of Birth (Street and Number) *No. 144 N. Wolfe St.*
5. Full Name of Mother *Mrs. Josephine Smith*
6. Mother's Maiden Name *Miss Josephine Maydwell*
7. Mother's Birthplace *Baltimore, Md.*
8. Full Name of Father *Mr. Charles A. Smith*
9. Father's Occupation *Police Officer*
10. Father's Birthplace *Baltimore, Md.*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. H. Clendener M.D.*
- Address *No. 102 North Broadway*
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20566

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth 14 11 Sept 1877
4. Place of Birth (Street and Number) No 133 Spring Ytel
5. Full Name of Mother
6. Mother's Maiden Name Harriet Carter
7. Mother's Birthplace Hampton Virginia
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace
- Name of Medical Attendant, or other Person who makes this Return. Dr. J. C. ...
- Address No 70 ...
- Remarks Mother ...

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20567

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 11 September

4. Place of Birth (Street and Number) 85 Grosvenor Street

5. Full Name of Mother Anna Bair

6. Mother's Maiden Name Lothard

7. Mother's Birthplace Baltimore

8. Full Name of Father Henry Bair

9. Father's Occupation Shore

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sophia Simon

Address No 40 Grosvenor St

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20568

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c) 5th
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) _____
3. Date of Birth Sept 11th 1877
4. Place of Birth (Street and Number) No 157 E Washington St
5. Full Name of Mother Emma Leutsch
6. Mother's Maiden Name " Stingen dorfer
7. Mother's Birthplace City
8. Full Name of Father William L Leutsch
9. Father's Occupation Contractor
10. Father's Birthplace City
- Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Buschnann
- Address 120 Bank St
- Remarks _____

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20569

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c) 2^d
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) _____
3. Date of Birth Sept 11th 1877
4. Place of Birth (Street and Number) No 65 S. Paca st
5. Full Name of Mother Fredericka Shlegel
6. Mother's Maiden Name Hoffmann
7. Mother's Birthplace City
8. Full Name of Father Arthur Shlegel
9. Father's Occupation Merchant
10. Father's Birthplace City
- Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Bushman
- Address 120 Bank st
- Remarks _____

seize at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20570

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th
1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) white
3. Date of Birth Sept 11 1877
4. Place of Birth (Street and Number) 674 n. Baltimore St.
5. Full Name of Mother Louisa Goldsmith
6. Mother's Maiden Name L. Schermann
7. Mother's Birthplace Germany
8. Full Name of Father B. L. Goldsmith
9. Father's Occupation Tailor
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Sophia Wenner
- Address 136 Pearl St.
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9/15 20571

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Sept 11 1877*
4. Place of Birth (Street and Number) *227 Battery Avenue*
5. Full Name of Mother *Ellen St. Smith*
6. Mother's Maiden Name *Ellen St. Smith*
7. Mother's Birthplace *Calverton*
8. Full Name of Father *Jesse Smith*
9. Father's Occupation *Bricklayer*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this return *Theodore Cook*
- Address
- Remarks

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20572

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th Child*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *12th of September*
4. Place of Birth (Street and Number) *No 256 Howard St.*
5. Full Name of Mother *Lina Tweeddale*
6. Mother's Maiden Name *Lina Schaffer*
7. Mother's Birthplace *Baltimore Md.*
8. Full Name of Father *Jacob Tweeddale*
9. Father's Occupation *Tray Driver*
10. Father's Birthplace *England*
- Name of Medical Attendant, or other Person who makes this Return. *Elizabeth Scarborough*
- Address *No 236 Montgomerly St.*
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20573

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *Sept. 12. 1877*
4. Place of Birth (Street and Number) *Balto. Durham St. No. 283*
5. Full Name of Mother *Mary Jane Johnson*
6. Mother's Maiden Name *" "*
7. Mother's Birthplace *Dorchester County*
8. Full Name of Father *Thos. Johnson*
9. Father's Occupation *Cyster Shucker*
10. Father's Birthplace *Virginia*
- Name of Medical Attendant, or other Person who makes this return *Elizabeth Joots*
- Address
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20574

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *fourth child*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) _____
3. Date of Birth *Sept 12*
4. Place of Birth (Street and Number) *238 Chestnut Street*
5. Full Name of Mother *Laura Virginia Gaston*
6. Mother's Maiden Name *Laura Virginia Burke*
7. Mother's Birthplace *Baltimore City*
8. Full Name of Father *John Henry Gaston*
9. Father's Occupation *Dealer in coal*
10. Father's Birthplace *Baltimore City*
- Name of Medical Attendant, or other Person who makes this Return. *John Baran, M.D.*
- Address *49 Argyle Ave.*
- Remarks _____

That any physician, accoucher, or midwife, who shall report to the registrar aforesaid, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *one child one mother*

1. Sex (state whether Male or Female) *female Child*

2. Race or Color (if not of the white race) *Colored Race*

3. Date of Birth *Sept 12. 1877*

4. Place of Birth (Street and Number) *Galles St 87 Baltimore*

5. Full Name of Mother

6. Mother's Maiden Name *Laura J Jones*

7. Mother's Birthplace *Baltimore County Md*

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Lucinda Woodford

Address *Register St 130 Baltimore Md*

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *21st September 1877*
4. Place of Birth (Street and Number) *101 North Charles St*
5. Full Name of Mother *Mary Smith*
6. Mother's Maiden Name *Mary Smith*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Leopold Smith*
9. Father's Occupation *Shoe maker*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return *Christian Kunkel*
- Address *101 North Charles St*
- Remarks *Healthy*

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20577

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

3. Date of Birth

September 12th 1877

4. Place of Birth (Street and Number)

No 493 Aisquith St

5. Full Name of Mother

Ellenor Buttner

6. Mother's Maiden Name

Ellenor Stewart

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Frederick Buttner

9. Father's Occupation

Stone Mason

10. Father's Birthplace

Baltimore Co. Md

Name of Medical Attendant, or other Person who makes this Return.

Mrs Jane Winneberger

Address

No 23 N. Liberty St

Remarks

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Sixth
Female

September 12th 1877

No 41 Patterson ave

Mary Brown Hues

Mary Brown Kibbington

Carpenter's Ferry Va.

John H. Hues

Baker & Confectioner

Baltimore

Mrs Jane Wanneberger
23 N. Liberty St.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... *8th*
1. Sex (state whether Male or Female)... *female*
2. Race or Color (if not of the white race)... *white*
3. Date of Birth... *Sept 12th 1877*
4. Place of Birth (Street and Number)... *357 Mulberry*
5. Full Name of Mother... *Louisa Brüssel*
6. Mother's Maiden Name... *L. List*
7. Mother's Birthplace... *Hessen Germany*
8. Full Name of Father... *Justus Brüssel*
9. Father's Occupation... *Cabinet-maker*
10. Father's Birthplace... *Hessen Germany*
- Name of Medical Attendant, or other Person who makes this Return... *Saphia Ward*
- Address... *36 East St.*
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second (2d)*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *September 12th, 1877*
4. Place of Birth (Street and Number) *No. 195 Mulliken Street*
5. Full Name of Mother *Mrs. Ada R. Hancock*
6. Mother's Maiden Name *Miss Ada A. Wilkison*
7. Mother's Birthplace *Baltimore Md.*
8. Full Name of Father *Mrs. James A. Hancock*
9. Father's Occupation *Carpenter*
10. Father's Birthplace *Anne Arundel County Md.*
- Name of Medical Attendant, or other Person who makes this Return. *William H. Glendine M.D.*
- Address *No. 102 North Broadway*
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20581

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *fourth child*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Sept 12th*

4. Place of Birth (Street and Number) *No 416 N Central Ave*

5. Full Name of Mother. *Mary E Wingrose*

6. Mother's Maiden Name. *Mary E Carby*

7. Mother's Birthplace *Balt Md*

8. Full Name of Father *Wm R. Wingrose*

9. Father's Occupation *Engineer*

10. Father's Birthplace *Richmond Va.*

Name of Medical Attendant, or other Person who makes this return *Elizabeth W Wingrose*

Address *416 N. Central Ave*

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20582

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child
1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) white
3. Date of Birth th 17 Sept 1877
4. Place of Birth (Street and Number) 441 Chestnut St
5. Full Name of Mother Sarah Johnson
6. Mother's Maiden Name
7. Mother's Birthplace Baltimore City
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace
- Name of Medical Attendant, or other Person who makes this Return. Dr. Wm. H. Miller
- Address 100 E. Second St
- Remarks 11th Mo. white female child
- 11/11

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Yellow
3. Date of Birth 12 September 1877
4. Place of Birth (Street and Number) 116 E. Maple Street
5. Full Name of Mother Elizora Thomas
6. Mother's Maiden Name Wright
7. Mother's Birthplace Baltimore Md
8. Full Name of Father John Thomas
9. Father's Occupation Carriage Driver
10. Father's Birthplace Baltimore Md
- Name of Medical Attendant, or other Person who makes this Return. Dr. Wm. H. H. H.
- Address 116 E. Maple Street
- Remarks not there long

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20584

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY. *sep*



No. of Child of Mother (state whether 1st, 2d, 3d, &c) 2
1. Sex (state whether Male or Female) Boy
2. Race or Color (if not of the white race) White
3. Date of Birth Sept 12 1877
4. Place of Birth (Street and Number) 24. Thames St
5. Full Name of Mother ~~Mary~~ Elizabeth Jeskeys
6. Mother's Maiden Name ~~Mary~~ Elizabeth Jeskeys
7. Mother's Birthplace Prussia
8. Full Name of Father Fredrick Jeskeys
9. Father's Occupation Labour
10. Father's Birthplace Prussia
Name of Medical Attendant, or other Person who makes this Return. Mrs. Louisa Smith
Address The child is Healthy
Remarks Name of the child Charles Fredrick Jeskeys

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20585



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Sept 12 1877*
4. Place of Birth (Street and Number) *170 Canton av*
5. Full Name of Mother *Sophia Weisbrod*
6. Mother's Maiden Name *" Mäier*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Kuhn Weisbrod*
9. Father's Occupation *Cooper*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this return *Catharina Münch*
- Address *74 Leaden hall Street*
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20536



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7^d
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth September 12 1877
4. Place of Birth (Street and Number) No 1 Creek Alley
5. Full Name of Mother Rosa Huff
6. Mother's Maiden Name " " Kroll
7. Mother's Birthplace Germany
8. Full Name of Father Heinrich Huff
9. Father's Occupation Laborer
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this return Catharina Hupke
- Address 74 Leadenhall Street
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth 17th*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white) *White*
3. Date of Birth *Sept. 12th 1877*
4. Place of Birth (Street and Number) *No 24 Hull St.*
5. Full Name of Mother *Charlotte Rebecca Nagle*
6. Mother's Maiden Name *Charlotte Rebecca Egan*
7. Mother's Birthplace *Maryland Co. Md*
8. Full Name of Father *Emanuel Nagle*
9. Father's Occupation *Wrester*
10. Father's Birthplace *Seabaron Co. Tenn.*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Margaret Ellet

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20588

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th
1. Sex (state whether Male or Female) girl
2. Race or Color (if not of the white race) yellow
3. Date of Birth 12
4. Place of Birth (Street and Number) Lermont avy No 16
5. Full Name of Mother Fancy astins
6. Mother's Maiden Name Fanny Smith
7. Mother's Birthplace Baltimore
8. Full Name of Father Ambr. George astins
9. Father's Occupation a drayman
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. L. Somerville
- Address _____
- Remarks _____

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20589

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c) 3d

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth Sept 12th 1877

4. Place of Birth (Street and Number) 158 S. Bell St.

5. Full Name of Mother Mary Lang

6. Mother's Maiden Name Cook

7. Mother's Birthplace Germany

8. Full Name of Father Theodore Lang

9. Father's Occupation Cook

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who make this Return. Mrs. Elizabeth Bushman

Address 120 Bank St.

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20590

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c) 3d
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) _____
3. Date of Birth Sept 12th 1897
4. Place of Birth (Street and Number) 247 Alice Ann St.
5. Full Name of Mother Minnie Kinder
6. Mother's Maiden Name " Conroy
7. Mother's Birthplace City
8. Full Name of Father John Kinder
9. Father's Occupation Preman
10. Father's Birthplace City
- Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Ruickman
- Address 120 Bank St.
- Remarks _____

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20591

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Sept 12 1877*

4. Place of Birth (Street and Number) *37 S. Hamburg St*

5. Full Name of Mother *Annie R Miller*

6. Mother's Maiden Name *Annie R. Moore*

7. Mother's Birthplace *Virginia*

8. Full Name of Father *Clifford Miller*

9. Father's Occupation *Iron Moulder*

10. Father's Birthplace *Melrose*

Name of Medical Attendant, or other Person who makes this return *Theodore Lottman*

Address

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20592

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



Name, *Mary Emge*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd Child*

1. Sex (state whether ~~Male~~ or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *September the 13. 1877*

4. Place of Birth (Street and Number) *E Pratt St. No. 257*

5. Full Name of Mother *Anna Emge*

6. Mother's Maiden Name *Anna Beier*

7. Mother's Birthplace *Baltimore City*

8. Full Name of Father *Peter Emge*

9. Father's Occupation *Printer*

10. Father's Birthplace *Baltimore City*

Name of Medical Attendant, or other Person who makes this return. *Harry E. Miller*

Address *N. Dallas St. No. 26.*

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20593

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *6th child*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *September 13th 1877*
4. Place of Birth (Street and Number) *Big Hughes Street No 134*
5. Full Name of Mother *Carolina Shaum*
6. Mother's Maiden Name *Carolina Mosely*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Lewis Shaum*
9. Father's Occupation *glass blower*
10. Father's Birthplace *Baltimore*
Name of Medical Attendant, or other Person who makes this Return. *Mary E. Anderson*
Address *No 22 Hamburg St*
Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20594

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 13 Sep

4. Place of Birth (Street and Number) 174 Front St

5. Full Name of Mother Mary Reynolds

6. Mother's Maiden Name Collins

7. Mother's Birthplace Ireland

8. Full Name of Father Wm Reynolds

9. Father's Occupation Wreck Wagon

10. Father's Birthplace Virginia

Name of Medical Attendant, or other Person who makes this return Isaac D. Chrisman

Address No 13 Forest Place

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20595

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

1 Black
13th Sept 1877
#12 North Street
Harmik Spud
Harmik Benson
Md
Edward Spud
Labourer
Md
L. S. Spud
#1 Navy Yard

That any physician, accoucheur, midwife, or other person who shall report to the registrar aforesaid, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20396

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *September 12.*
4. Place of Birth (Street and Number) *No. 222. S. Sharp's Street.*
5. Full Name of Mother *A. E. Hannah Meyer*
6. Mother's Maiden Name *Barckemeyer*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Cornst. S. Wilhelm Meyer*
9. Father's Occupation *Boxter*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return
- Address *145 N. Spring*
- Remarks *No. 22. Leadenhall Street*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20597

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3d*
1. Sex (state whether Male or Female) *male*
2. Race or Color (if not of the white race) *negro*
3. Date of Birth *Sept 13 1877*
4. Place of Birth (Street and Number) *57 Emmet St.*
5. Full Name of Mother *Emma Tobias*
6. Mother's Maiden Name *E. Hart Mumbach*
7. Mother's Birthplace *Baltimore Md.*
8. Full Name of Father *Charles Tobias*
9. Father's Occupation *Sign cutter*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. J. H. M. M. M.*
- Address *56 West St.*
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20598

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2^d

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Sept 13 1877

4. Place of Birth (Street and Number)

107 Leadenhall Street

5. Full Name of Mother

Emma Semmering

6. Mother's Maiden Name

" Schickler

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Wilhelm Semmering

9. Father's Occupation

Sailor

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this return

Catharina Munch

Address

74 Leadenhall St

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20599

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Sept 18 - 1899
4. Place of Birth (Street and Number) No 30 Pleasant St
5. Full Name of Mother Mary Henrietta Motors
6. Mother's Maiden Name " " Lubman
7. Mother's Birthplace ~~Richmond Co Md~~
8. Full Name of Father Robert E. Motors
9. Father's Occupation Merchant
10. Father's Birthplace Somerset Co Md
- Name of Medical Attendant, or other Person who makes this Return. Mexican
- Address 27 Mulberry St
- Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20600

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



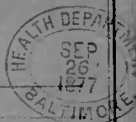
- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *3rd child*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Colored race*
3. Date of Birth *Evening of Tuesday, 13th Sep. Born alive.*
4. Place of Birth (Street and Number) *Cordillens Alley. No. 4. Lived four days*
5. Full Name of Mother *Jane Carlin*
6. Mother's Maiden Name *Isabella Boddy*
7. Mother's Birthplace *Kent Island*
8. Full Name of Father *John Robson*
9. Father's Occupation *Marshall on the wharf*
10. Father's Birthplace *Kent Island*
- Name of Medical Attendant, or other Person who makes this Return. *Sancy Loggins*
- Address *No 44 Green St.*
- Remarks *She is well, as well as she can be expected.*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20601

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) white

3. Date of Birth Sept. 13th 1877

4. Place of Birth (Street and Number) 61. S. Central St.

5. Full Name of Mother Maggie Trainor

6. Mother's Maiden Name Quinn

7. Mother's Birthplace Baltimore Md.

8. Full Name of Father John Trainor

9. Father's Occupation Labourer

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. W. G. Lauscher M.D.

Address 27 N. Broadway.

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this return

Address

Remarks

Male

White

Sept 13 1877

25 Woodward St

Edie E Woodale

Edie E. Gray

Washington D.C.

Wm. Woodale

Wm. Woodale

Wm. Woodale

Theodore Corkin M.D.

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20603

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Child

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

White

3. Date of Birth

September 14, 1877

4. Place of Birth (Street and Number)

E. Fayette St. No. 239.

5. Full Name of Mother

Margareth A. Thomas

6. Mother's Maiden Name

Margareth A. Balser

7. Mother's Birthplace

Baltimore City

8. Full Name of Father

William W. Thomas

9. Father's Occupation

Blaster

10. Father's Birthplace

Baltimore City

Name of Medical Attendant, or other Person who makes this return

Mar E. Muller

Address

N. Dallas St. No. 26.

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



206011

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th child*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *Sept 14th 1877*
4. Place of Birth (Street and Number) *No 13 Gudoyne alley*
5. Full Name of Mother *Francisca Schwartz*
6. Mother's Maiden Name *Polazarski*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Edward Schwartz*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *J. Schaussner midwife*
- Address *213 Cross st.*
- Remarks

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd child
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) _____
3. Date of Birth Sept 14th 1877
4. Place of Birth (Street and Number) No 317 S. Charles st.
5. Full Name of Mother Fanny Ball
6. Mother's Maiden Name Noble America
7. Mother's Birthplace _____
8. Full Name of Father George Ball
9. Father's Occupation Confactory
10. Father's Birthplace America
- Name of Medical Attendant, or other Person who makes this Return. J. Lehousser midwife
- Address 213 Cross st.
- Remarks _____

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20606

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Col
3. Date of Birth Sept 14 1877
4. Place of Birth (Street and Number) Saratoga St. 456
5. Full Name of Mother Mildred Boon
6. Mother's Maiden Name Edrick
7. Mother's Birthplace Baltimore
8. Full Name of Father Edrick Boon
9. Father's Occupation Merchant
10. Father's Birthplace Mo

Name of Medical Attendant, or other Person who makes this return

Address

Remarks

Margaret Goldboro
536 Saratoga St.
This child was premature 8 mos
& died in two hour from weakness

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20607

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *September 14. 1877*
4. Place of Birth (Street and Number) *Baltimore. 31 Johnson St*
5. Full Name of Mother *Ellen. Livingstone*
6. Mother's Maiden Name *Ellen Butler*
7. Mother's Birthplace *Washington D C*
8. Full Name of Father *Constant Livingstone*
9. Father's Occupation *Caulker*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Ann Nash*
- Address
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20608

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

1st
Male
September 14th
Baltimore, Md.
Mary Ann
Mary Ann
Ireland
Queen Ferguson
Nurse for hire
Ireland
George H. H. H.
Baltimore, Md.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20609

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

14 September

4. Place of Birth (Street and Number)

Sharp Street No. 237

5. Full Name of Mother

Catherine ~~Baugh~~ ^{Glass}

6. Mother's Maiden Name

Catherine ~~Baugh~~ ^{Richter}

7. Mother's Birthplace

Schultz. Hessen Darmstadt

8. Full Name of Father

Johan Glass

9. Father's Occupation

Schuhmacher

10. Father's Birthplace

Schultz. Hessen Darmstadt

Name of Medical Attendant, or other Person who makes this Return.

Address Johan Glass.

Remarks

1115 N. Strong Ave. 32 Leadenhall Street

advice at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. He or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

20610

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *No 4. Wilmore aly*
1. Sex (state whether Male or Female) *Female Color first day of september*
2. Race or Color (if not of the white race) _____
3. Date of Birth _____
4. Place of Birth (Street and Number) *No 4. Wilmore aly*
5. Full Name of Mother *Lize Johnson*
6. Mother's Maiden Name _____
7. Mother's Birthplace *Baltimore Maryland*
8. Full Name of Father *George W Thomas*
9. Father's Occupation *Porter*
10. Father's Birthplace *Cheserlown Kent County*
- Name of Medical Attendant, or other Person who makes this Return. *Harry Doten*
- Address *little pine st No 16*
- Remarks _____

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth Sept 12 1877

4. Place of Birth (Street and Number) Thurston St

5. Full Name of Mother Lizabeth

6. Mother's Maiden Name Boch

7. Mother's Birthplace Baltimore

8. Full Name of Father Wm B. Carter

9. Father's Occupation Builder

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs W. H. H. H.

Address 114 N. Holliday

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20612

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th White
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) _____
3. Date of Birth September 14th
4. Place of Birth (Street and Number) Baltimore No 90 Franklin St
5. Full Name of Mother Marguerite Herzog
6. Mother's Maiden Name " Wolf
7. Mother's Birthplace Prussian
8. Full Name of Father Maximilian Herzog
9. Father's Occupation Mechanic
10. Father's Birthplace Bavaria
- Name of Medical Attendant, or other Person who makes this Return. Mrs Lindner
- Address No 54 Monroe Street
- Remarks _____

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20613

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



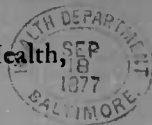
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4*
 1. Sex (state whether Male or Female) *Female*
 2. Race or Color (if not of the white race) _____
 3. Date of Birth *14th Sept 1877*
 4. Place of Birth (Street and Number) *112 Lloyd St*
 5. Full Name of Mother *Mary Cohen*
 6. Mother's Maiden Name *Healy*
 7. Mother's Birthplace *Ireland*
 8. Full Name of Father *James Cohen*
 9. Father's Occupation *Blacksmith*
 10. Father's Birthplace *Ireland*
 Name of Medical Attendant, or other Person who makes this return *Dr. Wm. C. C. C.*
 Address *325 Second St. W.*
 Remarks _____

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20614

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race) white

3. Date of Birth 14th Decr 1877

4. Place of Birth (Street and Number) 523 E. Lexington St.

5. Full Name of Mother. Kate Harris

6. Mother's Maiden Name Denny

7. Mother's Birthplace U. States

8. Full Name of Father W. E. Harris

9. Father's Occupation Salver

10. Father's Birthplace U. States

Name of Medical Attendant, or other Person who makes this return Charles Barber

Address 523 E. Lexington

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20615

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race) _____

3. Date of Birth 14th Sept. 1877

4. Place of Birth (Street and Number) 284. Canton Ave.

5. Full Name of Mother Mary Heiss

6. Mother's Maiden Name Heiger

7. Mother's Birthplace H. Haler

8. Full Name of Father Carlolph Heiss

9. Father's Occupation Carter

10. Father's Birthplace H. Haler

Name of Medical Attendant, or other Person who makes this return Dr. A. C. Cooper

Address 22 Columbia

Remarks _____

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20616

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



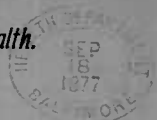
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 14 September 1877
4. Place of Birth (Street and Number) 143 Hammond St
5. Full Name of Mother Elizabeth
6. Mother's Maiden Name Mrs. Middleton
7. Mother's Birthplace in Scotland
8. Full Name of Father John Walker
9. Father's Occupation superintendent
10. Father's Birthplace Runnys Brook
- Name of Medical Attendant, or other Person who makes this Return. Dr. J. H. Walker
- Address 143 Hammond St
- Remarks Mother died 14th day 1877

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20619

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *one Child one mother*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *Colored race*
3. Date of Birth *Sept the 14-18-77*
4. Place of Birth (Street and Number) *Regester St 128 Baltimore*
5. Full Name of Mother *Lizabeth Webb*
6. Mother's Maiden Name *Lizabeth Cornish*
7. Mother's Birthplace *Baltimore Md*
8. Full Name of Father *William Webb*
9. Father's Occupation *Wagner*
10. Father's Birthplace *Carline County Mo D*
- Name of Medical Attendant, or other Person who makes this Return. *Lucinda Woolford*
- Address *Regester St 130 Baltimore Md*
- Remarks

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20618

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (~~state whether 1st, 2nd, 3rd, &c.~~)

1. Sex (state whether ~~Male~~ or Female)
2. Race or Color (~~if not of the white race~~)
3. Date of Birth *Sept. 14th 12 30 A.M.*
4. Place of Birth (Street and Number) *105 South Exeter St.*
5. Full Name of Mother *Mary E. Rodgers*
6. Mother's Maiden Name *" " Sangrey*
7. Mother's Birthplace *Balt.*
8. Full Name of Father *Charles A. Rodgers*
9. Father's Occupation *Shoe Maker*
10. Father's Birthplace *Balt.*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

*Atty. Thertus M.D.
11 S High St.*

native at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20619

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth 14th September

4. Place of Birth (Street and Number) Baltimore Ridge by St No 90

5. Full Name of Mother Mrs Annic B Brown

6. Mother's Maiden Name Annie B Schuty

7. Mother's Birthplace Baltimore

8. Full Name of Father James B. Brown

9. Father's Occupation Carpenter

10. Father's Birthplace Virginia

Name of Medical Attendant, or other Person who makes this Return. Mrs L Sommerfeld

Address No 38 Pennsylvania Ave between George & Bal

Remarks

That any physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20620

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c) 2nd

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Sept. 14 - 8 30 P.M. 1877

4. Place of Birth (Street and Number) 88 P. Broadway

5. Full Name of Mother Mary Ann Wheeler

6. Mother's Maiden Name Mary Ann Robinson

7. Mother's Birthplace Barford Co.

8. Full Name of Father Samuel Wilson Wheeler

9. Father's Occupation Printer

10. Father's Birthplace England

Name of Medical Attendant, or other Person who makes this Return.

Address 377 E. Baltimore St.

Remarks

James C. Spornelle M.D.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20621

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Sept. 14th

4. Place of Birth (Street and Number) No. 178 W. Pratt St

5. Full Name of Mother Wilhelmine Rauber

6. Mother's Maiden Name " Duffy

7. Mother's Birthplace Germany

8. Full Name of Father Leopold Rauber

9. Father's Occupation Sailor

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return.

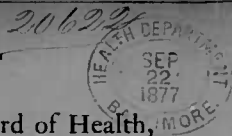
Address

Remarks

Mrs. Goetzke
No. 55 S. Bond St

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4, 11*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Sept. 14th 1877.*
4. Place of Birth (Street and Number) *No 48 Stile street.*
5. Full Name of Mother... *Mary Krefely.*
6. Mother's Maiden Name *Mary Leithiser.*
7. Mother's Birthplace *Pennsylvania.*
8. Full Name of Father *Charles Krefely*
9. Father's Occupation *Overseer and Shippen Clerk.*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this return *Dena Krefely.*
- Address *No 182 Monument st.*
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20623

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White Colored*
3. Date of Birth *4th of Sep. 77.*
4. Place of Birth (Street and Number) *129 Urban St.*
5. Full Name of Mother *Mary Washington*
6. Mother's Maiden Name *Mary Daws*
7. Mother's Birthplace *Baltimore City*
8. Full Name of Father *Louis Washington*
9. Father's Occupation *Storend*
10. Father's Birthplace *Baltimore City*
- Name of Medical Attendant, or other Person who makes this Return. *Wm. Walter*
- Address *125 N. Resolue St*
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20624

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d.

1. Sex (state whether Male or Female)

female

2. Race or Color (if not of the white race)

white

3. Date of Birth

Sept. 14th 1877.

4. Place of Birth (Street and Number)

27. Pearl St.

5. Full Name of Mother

Mary Rust.

6. Mother's Maiden Name

M. Schane

7. Mother's Birthplace

Baltimore Md

8. Full Name of Father

W. Rust

9. Father's Occupation

Bricklayer

10. Father's Birthplace

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Sophia Wager

Address

56 Pearl St

Remarks

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

20625

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Sept 14th 1877*
4. Place of Birth (Street and Number) *224. East Chase & Street*
5. Full Name of Mother *Margaret Nikol*
6. Mother's Maiden Name *Müller*
7. Mother's Birthplace *Balt*
8. Full Name of Father *George Nikol*
9. Father's Occupation *Butcher*
10. Father's Birthplace *Germany*
Name of Medical Attendant, or other Person who makes this Return *Dr. S. S. Sharp*
Address *29. S. Sharp St*
Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20626

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Black
3. Date of Birth Friday Night Sept. 24th 1877
4. Place of Birth (Street and Number) # 1 Price Court
5. Full Name of Mother Josephine Harris
6. Mother's Maiden Name Josephine Dargins
7. Mother's Birthplace Canada
8. Full Name of Father George Harris
9. Father's Occupation Laboring Man
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return Wilmer Brinton M.D.
- Address # 25 1/2 Greenmont Ave.
- Remarks "Vaginal Presentation"

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

3rd child

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Sept 14th 1877

4. Place of Birth (Street and Number)

83 Division Street

5. Full Name of Mother

Agnes Gent

6. Mother's Maiden Name

Agnes Bankard

7. Mother's Birthplace

Carroll County Md

8. Full Name of Father

Charles A. Gent

9. Father's Occupation

Coach Smith

10. Father's Birthplace

Carroll County Md

Name of Medical Attendant, or other Person who makes this Return.

J. L. Gibbons M.D.

Address

47 Edmondson Ave

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th child*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *Sept. 15th 1877*
4. Place of Birth (Street and Number) *No 420 Cross st.*
5. Full Name of Mother *Johanna Bierich*
6. Mother's Maiden Name *Reidmeier*
7. Mother's Birthplace *America*
8. Full Name of Father *Cristian Bierich*
9. Father's Occupation *Labourer*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *J. Loehwasser midwife*
- Address *212 Cross st.*
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth 15th Sep

4. Place of Birth (Street and Number) 71 Foster Alley

5. Full Name of Mother Margaret Gibbons

6. Mother's Maiden Name Gainer

7. Mother's Birthplace Ireland

8. Full Name of Father Henry Gibbons

9. Father's Occupation Labourer

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this return Assula T. Chrisner

Address No 7 Foster Place

Remarks

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

20630

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Fourth*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) _____
3. Date of Birth *Sept. 15. 1877*
4. Place of Birth (Street and Number) *No 168. S. 3rd St*
5. Full Name of Mother *Little, Dupeyron*
6. Mother's Maiden Name *Little Pruneman*
7. Mother's Birthplace *City of Balto*
8. Full Name of Father *Wm. Dupeyron*
9. Father's Occupation *Cheese dealer*
10. Father's Birthplace *City*
- Name of Medical Attendant, or other Person who makes this Return. *B. L. Henson, M.D.*
- Address *No. 175 N. Carey St.*
- Remarks _____

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.

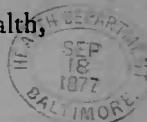


- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1 child*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *15 September*
4. Place of Birth (Street and Number) *97 Sherman St*
5. Full Name of Mother *Bridget Green*
6. Mother's Maiden Name *Bridget Fleming*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Thomas J. Green*
9. Father's Occupation *Police man*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this return *Mrs. Eliza Fleming*
- Address *97 Sherman St*
- Remarks *Baltimore*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) _____
3. Date of Birth 15th Sept. 1877
4. Place of Birth (Street and Number) # 3 Light
5. Full Name of Mother Catharine Schroeder
6. Mother's Maiden Name Kingstone
7. Mother's Birthplace N. Hales
8. Full Name of Father Samuel Schroeder
9. Father's Occupation Builder
10. Father's Birthplace N. Hales
- Name of Medical Attendant, or other Person who makes this return Charles Casper
- Address 226 E. Lombard.
- Remarks _____

Just as physicians, accoucheurs, nurses, or others, shall report to the registrar aforesaid, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*
1. Sex (state whether Male or Female) *male*
2. Race or Color (if not of the white race)
3. Date of Birth *15 Sept. 1877*
4. Place of Birth (Street and Number) *122 Chapman St.*
5. Full Name of Mother *Mary Chaney*
6. Mother's Maiden Name *" Superior*
7. Mother's Birthplace *W. H. State*
8. Full Name of Father *Alex. Chaney*
9. Father's Occupation *Wagoner*
10. Father's Birthplace *W. H. State*
- Name of Medical Attendant, or other Person who makes this return *Sarah Chaney*
- Address *52 10 1/2 E. Lombard St.*
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6
1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race)
3. Date of Birth 15. Sept. 1877
4. Place of Birth (Street and Number) 49. Bond St.
5. Full Name of Mother Christine Stalle
6. Mother's Maiden Name Donner
7. Mother's Birthplace Ireland
8. Full Name of Father Edward Stalle
9. Father's Occupation Police Officer
10. Father's Birthplace Ireland
- Name of Medical Attendant, or other Person who makes this return Sarah Cooper
- Address 226 N. Bond St.
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who must attend, advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20635

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th Child.

1. Sex (state whether Male or Female)

Female.

2. Race or Color (if not of the white race)

Wh.

3. Date of Birth

Sept. 15th 77.

4. Place of Birth (Street and Number)

39 Covington St.

5. Full Name of Mother

Mary Frank.

6. Mother's Maiden Name

" Lee.

7. Mother's Birthplace

New Jersey.

8. Full Name of Father

Chas Frank.

9. Father's Occupation

Glass-blower

10. Father's Birthplace

New Jersey.

Name of Medical Attendant, or other Person who makes this Return

R. J. H. Tall, M.D.

Address

152 S. Sharp St.

Remarks

Child living -

advised at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

20636

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) _____
3. Date of Birth September 15th 1877
4. Place of Birth (Street and Number) Stricker St No 346
5. Full Name of Mother Mary J. Rogers
6. Mother's Maiden Name Mary J. Henry
7. Mother's Birthplace New York City
8. Full Name of Father Michael W. Rogers
9. Father's Occupation Car Conductor
10. Father's Birthplace Baltimore City
Name of Medical Attendant, or other Person who makes this Return. L. G. Shanon M.D.
Address Patterson Avenue No 95
Remarks _____

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20637

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 15th September 1877
4. Place of Birth (Street and Number) American Hotel E. of Leaden St. + Frank
5. Full Name of Mother Jane Rair
6. Mother's Maiden Name McKenzie
7. Mother's Birthplace Baltimore
8. Full Name of Father Henry Rair
9. Father's Occupation Clerk
10. Father's Birthplace Baltimore County
- Name of Medical Attendant, or other Person who makes this return John Thomas M.D.
- Address care 5 Franklin St.
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 st Child.
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	Sept ^r 15 th 1877.
4. Place of Birth (Street and Number)	No. 467 N. Gay St.
5. Full Name of Mother	Emma Tucker.
6. Mother's Maiden Name	Emma Coby.
7. Mother's Birthplace	Baltimore.
8. Full Name of Father	Mr. H. Tucker.
9. Father's Occupation	Dyer & Scourer.
10. Father's Birthplace	Baltimore.
Name of Medical Attendant, or other Person who makes this Return.	Dr. F. Powell M.D.
Address	1224 Canton Ave.
Remarks	Child Healthy.

Any physician, apothecary, midwife, or other person in charge of a hospital, or any person who has attended the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, advise at the birth of any child, within the City of Baltimore, stating distinctly the date of birth, sex, and color of the child or children within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1 Child

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

Color

3. Date of Birth

15th September 1876

4. Place of Birth (Street and Number)

2106 Montgomery St.

5. Full Name of Mother

Etta Blith

6. Mother's Maiden Name

Barclay

7. Mother's Birthplace

Virginia

8. Full Name of Father

William Blith

9. Father's Occupation

Labour

10. Father's Birthplace

Weston

Name of Medical Attendant, or other Person who makes this Return.

Address

Gracy Gracy

Remarks

Asphyxia neonati

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20640

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth September 15
4. Place of Birth (Street and Number) Parker St 91
5. Full Name of Mother Mary E Hines
6. Mother's Maiden Name Mary E Thomson
7. Mother's Birthplace Baltimore
8. Full Name of Father Alford Hines
9. Father's Occupation Labour
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Jane Mercer
- Address 136 McHenry St
- Remarks

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20641

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Sep 15 1877
4. Place of Birth (Street and Number) 126 Wolf St
5. Full Name of Mother Mary Gray
6. Mother's Maiden Name Mary Brooks
7. Mother's Birthplace Baltimore
8. Full Name of Father George Gray
9. Father's Occupation machinist
10. Father's Birthplace Baltimore
Name of Medical Attendant, or other Person who makes this Return. Chas E Gray
Address 192 So Chester St
Remarks Healthy

advise at the birth of any child, within the City of Baltimore, shall report, to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11. 211.

RETURN OF A BIRTH.

20642

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Male*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Sept. 15, 1877*
4. Place of Birth (Street and Number) *Linn street No 286*
5. Full Name of Mother *Margarethe Wischer*
6. Mother's Maiden Name *Wichs*
7. Mother's Birthplace *Misfenchard, Bayern*
8. Full Name of Father *Michael Wischer*
9. Father's Occupation *Melkman*
10. Father's Birthplace *Ritschenhausen Bayern*
- Name of Medical Attendant, or other Person who makes this return *Mrs. Johann Bragupach*
- Address *South Wolfe st No 28*
- Remarks *Mr. D. S. Pfe*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20643

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) Colored
3. Date of Birth Sep. 18
4. Place of Birth (Street and Number) 132 Bay St
5. Full Name of Mother Liberty King
6. Mother's Maiden Name Charity Anderson
7. Mother's Birthplace Baltimore Md
8. Full Name of Father George King
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore Md
- Name of Medical Attendant, or other Person who makes this Return. Mr. J. S. Johnson
- Address No 31 North St
- Remarks Healthy Child

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20644

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third (3^d)*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *Sept 16th 1877*
4. Place of Birth (Street and Number) *813 W Baltimore St*
5. Full Name of Mother *Mary Praeger*
6. Mother's Maiden Name *Mary Knapp*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Louis Praeger*
9. Father's Occupation *Mechanic*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this return *Dr. R. B. Gebauer*
- Address *No 26 E. Lexington St*
- Remarks

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st child*
1. Sex (state whether Male or Female) *male*
2. Race or Color (if not of the white race) *colored*
3. Date of Birth *September 15th*
4. Place of Birth (Street and Number) *not cited st*
5. Full Name of Mother *Mary Dabney*
6. Mother's Maiden Name *maiden name unknown*
7. Mother's Birthplace *Dorchester county*
8. Full Name of Father *Nathan Bowers*
9. Father's Occupation *labour*
10. Father's Birthplace *Dorchester county*
Name of Medical Attendant, or other Person who makes this Return. *nurs Lydia Porter*
Address *no 4 partycowman*
Remarks *healthy child*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20646

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th child
1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) colored
3. Date of Birth September 16th
4. Place of Birth (Street and Number) no 5 clarit. alley
5. Full Name of Mother georganna worde
6. Mother's Maiden Name maiden name unknown
7. Mother's Birthplace Baltimore
8. Full Name of Father william worde
9. Father's Occupation sailor
10. Father's Birthplace Baltimore
Name of Medical Attendant, or other Person who makes this Return. mrs Lydia Porter
Address no 4 Capt. Coaven
Remarks healthy child

That any physician, accoucheur, midwife, or other person in the habit of attending the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH. 20647

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 child
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) _____
3. Date of Birth 16 September 1877
4. Place of Birth (Street and Number) 214 Lombard St
5. Full Name of Mother Mrs. Corbetta Baker
6. Mother's Maiden Name Keaghen
7. Mother's Birthplace Massachusetts
8. Full Name of Father John Keaghen
9. Father's Occupation Blacksmith
10. Father's Birthplace Massachusetts
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Keaghen
- Address 108 North
- Remarks _____

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20648

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th child's*
1. Sex (state whether Male or Female) *Male's*
2. Race or Color (if not of the white race)
3. Date of Birth *16 of September*
4. Place of Birth (Street and Number) *No 80 Howard St*
5. Full Name of Mother *Katey Schlang*
6. Mother's Maiden Name *Schüller*
7. Mother's Birthplace *Hessian*
8. Full Name of Father *Joseph Schlang*
9. Father's Occupation *Carriage M.*
10. Father's Birthplace *Bavaria*
- Name of Medical Attendant, or other Person who makes this Return *Miss Lindner*
- Address *No 44 Monroe St*
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20649

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th child*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race)
3. Date of Birth *16th September*
4. Place of Birth (Street and Number) *No. 86 A. Howard St*
5. Full Name of Mother *Katey Schlang*
6. Mother's Maiden Name *Schälar*
7. Mother's Birthplace *Hessen*
8. Full Name of Father *Joseph Schlang*
9. Father's Occupation *Smith*
10. Father's Birthplace *Baigen*
- Name of Medical Attendant, or other Person who makes this Return. *Miss Lindner*
- Address *No 45 Monroe St*
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26649 1/2

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1 Second*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *16 September 1877*
4. Place of Birth (Street and Number) *68 Fifth Street*
5. Full Name of Mother *Marion Brown*
6. Mother's Maiden Name *Marion Snelling*
7. Mother's Birthplace *in England*
8. Full Name of Father *Joseph Brown*
9. Father's Occupation *Alcohol*
10. Father's Birthplace *England*
- Name of Medical Attendant, or other Person who makes this return *Isabell Yarns Lignalington*
- Address *No 14 Junior Hall*
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2 Child.*
1. Sex (state whether Male or Female) *Male.*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *16th September.*
4. Place of Birth (Street and Number) *37 Port Street.*
5. Full Name of Mother *Carlina Corphel.*
6. Mother's Maiden Name *Carlina Perbet.*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Nickel Corphel.*
9. Father's Occupation *Labor*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Lousia Wiley.*
- Address *No 12 Patton Park, arnew.*
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH.

20651

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8th 11/11

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Sept 18th 1877

4. Place of Birth (Street and Number)

Baltimore Parkin st No. 89

5. Full Name of Mother

Julia M^{rs} Lough

6. Mother's Maiden Name

Ward

7. Mother's Birthplace

Ireland

8. Full Name of Father

James M^{rs} Lough

9. Father's Occupation

Carpenter

10. Father's Birthplace

Ireland

Name of Medical Attendant, or other Person who makes this return

Mass C. Mitchell

Address

No. 122 Parkin st

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20652

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 16 Sept
4. Place of Birth (Street and Number) 692 Light Baltimore
5. Full Name of Mother Mary Smith
6. Mother's Maiden Name Mary Hiem
7. Mother's Birthplace Baltimore - City
8. Full Name of Father Richard Smith
9. Father's Occupation Fireman on B. O R R
10. Father's Birthplace Cumberland
- Name of Medical Attendant, or other Person who makes this Return. Mrs Linder
- Address 45 Monroe St Baltimore
- Remarks

advised at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20653

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~first~~ *second*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *Sept 16 77*
4. Place of Birth (Street and Number) *Gasper st No 11*
5. Full Name of Mother *Mary Poole*
6. Mother's Maiden Name *Mary Johnson*
7. Mother's Birthplace *Baltimore City*
8. Full Name of Father *John M. Harris*
9. Father's Occupation *Waiter*
10. Father's Birthplace *Burnt House*
- Name of Medical Attendant, or other Person who makes this Return *Charlotte Warren*
- Address *253 West Baltimore st*
- Remarks *(XXX) next*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c) *1st*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Sept. 16th 1877 8³⁰ P. M. 1877*
4. Place of Birth (Street and Number) *290 Canton Avenue*
5. Full Name of Mother *Mary Amelia Thomas*
6. Mother's Maiden Name *Mary Amelia Howard*
7. Mother's Birthplace *Baltimore, Md.*
8. Full Name of Father *Wm. A. Thomas*
9. Father's Occupation *Clerk*
10. Father's Birthplace *England*
- Name of Medical Attendant, or other Person who makes this Return. *James E. Drommle M.D.*
- Address *2978 Baltimore St.*
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20655

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *L. 1*
1. Sex (state whether Male or Female) *male*
2. Race or Color (if not of the white race)
3. Date of Birth *16 Sept. 1877*
4. Place of Birth (Street and Number) *15 May St.*
5. Full Name of Mother *Maria Winkhoff*
6. Mother's Maiden Name *" "*
7. Mother's Birthplace *U. States*
8. Full Name of Father *Frank Winkhoff*
9. Father's Occupation *Taylor*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this return *Sarah G. Gifford*
- Address *522 E. Lombard*
- Remarks

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

20656

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth September 16th 1877
4. Place of Birth (Street and Number) No 222 S Paer St
5. Full Name of Mother Anno Luisevniyer
6. Mother's Maiden Name Anno Brenning
7. Mother's Birthplace Baltimore
8. Full Name of Father Frank Luisevniyer
9. Father's Occupation Dairyman
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs E Sinclair
- Address No 59 Frederick st
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) white

3. Date of Birth September 15 1877

4. Place of Birth (Street and Number) 118 choptank st

5. Full Name of Mother mimie v corrie

6. Mother's Maiden Name mimie v epron

7. Mother's Birthplace Baltimore city

8. Full Name of Father William George v corrie

9. Father's Occupation Engineer

10. Father's Birthplace Montgomery county md

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

mary corrie 153 choptank st

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Tenth*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *September 16th 1877*
4. Place of Birth (Street and Number) *No. 9, Hornet Street*
5. Full Name of Mother *Sarah Laemann*
6. Mother's Maiden Name *Sarah Cuggles*
7. Mother's Birthplace *Baltimore City*
8. Full Name of Father *Henry Laemann*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Baltimore City*
Name of Medical Attendant, or other Person who makes this Return. *Mrs. W. J. Bull*
Address *1181 N. Central ave.*
Remarks *Did with Spasms.*

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residency of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20659

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first*
1. Sex (state whether Male or Female) *female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Sept. 16th 1877*
4. Place of Birth (Street and Number) *1068 E. Enoch*
5. Full Name of Mother *Frie Hertlein*
6. Mother's Maiden Name *Frie Hertlein Oldenburge*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Aspa Hertlein*
9. Father's Occupation *Shoemaker*
10. Father's Birthplace *Bavaria Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs M. A. Butler*
- Address *1018 1/2 E. Baltimore ave.*
- Remarks *All Well.*

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20660

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)
2. Race or Color (if not of the white race)
3. Date of Birth
4. Place of Birth (Street and Number)
5. Full Name of Mother
6. Mother's Maiden Name
7. Mother's Birthplace
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return

Address

Remarks



White

Sept 19 1877

No 16 Hill St

Maggie Cook

Maggie Houston

MD

Geo Cook Jr

Merchant

Baltimore

26 B Noble St

17 Hanover St

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, as or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

20661

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *x*
1. Sex (state whether Male or Female) *Female.*
2. Race or Color (if not of the white race) *light*
3. Date of Birth *September 16th*
4. Place of Birth (Street and Number) *10 Maryland St 5 Temple Hill*
5. Full Name of Mother *Alice Ann Lavinia Robinson*
6. Mother's Maiden Name *Alice Bias*
7. Mother's Birthplace *Aberlone*
8. Full Name of Father *William Robinson*
9. Father's Occupation *Sailor*
10. Father's Birthplace *Annapolis County Maryland*
- Name of Medical Attendant, or other Person who makes this Return.
- Address
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20662

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

11th

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Sept. 16th 1877

4. Place of Birth (Street and Number)

Baltimore Columbia St. N^o. 289

5. Full Name of Mother

Ellen Lawson

6. Mother's Maiden Name

Ellen Mahoney

7. Mother's Birthplace

Ireland

8. Full Name of Father

George Lawson

9. Father's Occupation

Watchman

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this return

Mrs. C. Mitchell

Address

N^o. 123 Park St.

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20663

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

2^d

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

Mulatto

3. Date of Birth

Sep. 16. 1877

4. Place of Birth (Street and Number)

12 Rice St.

5. Full Name of Mother

Julia Johnson

6. Mother's Maiden Name

Johnson

7. Mother's Birthplace

Balto. City

8. Full Name of Father

Benjamin Castle

9. Father's Occupation

Coachman

10. Father's Birthplace

Balto. Co. Md.

Name of Medical Attendant, or other Person who makes this Return.

Sarah A. Webb, Midwife

Address

12 Rice St.

Remarks

advice at the birth of my child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

206684

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Colored

3. Date of Birth Sept 16 1877

4. Place of Birth (Street and Number) Clarkson St. 28 Balto Md

5. Full Name of Mother Ann Sarah Lusafer

6. Mother's Maiden Name Ann W Chase

7. Mother's Birthplace Summit Co. N.E.

8. Full Name of Father George Lusafer

9. Father's Occupation Laborer

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address For Casan Butler 103 West St

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20663

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *"Smith"*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *one A.M. Sunday 16th September 1877*
4. Place of Birth (Street and Number) *1801 Arlington Ave. Corner of Smith St*
5. Full Name of Mother *Ballie D. Hamilton*
6. Mother's Maiden Name *Ballie D. Austin*
7. Mother's Birthplace *North Carolina, United States*
8. Full Name of Father *Matthew Allen Hamilton*
9. Father's Occupation *Commission Merchant*
10. Father's Birthplace *Ireland.*
- Name of Medical Attendant, or other Person who makes this Return. *W. T. A. C. C. C. M. E.*
- Address *181 Mad. St.*
- Remarks *Natural Labor*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*

1. Sex (state whether Male or Female)
 2. Race or Color (if not of the white race) *White*
 3. Date of Birth *September 16, 1877*
 4. Place of Birth (Street and Number) *Eastern Av. No. 100.*
 5. Full Name of Mother *Sarah Timmshall.*
 6. Mother's Maiden Name *Sarah. Humphreys*
 7. Mother's Birthplace *Baltimore City*
 8. Full Name of Father *John Timmshall.*
 9. Father's Occupation *Tavern Keeper*
 10. Father's Birthplace *Baltimore City*
- Name of Medical Attendant, or other Person who makes this return *Mary E. Muller*
- Address *N. Dallas St. No. 26.*
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

1. Sex (state whether Male ~~or Female~~)

2. Race or Color (if not of the white race) White

3. Date of Birth September 16, 1877

4. Place of Birth (Street and Number) E. Edgar St. No. 294.

5. Full Name of Mother Eva. Edel

6. Mother's Maiden Name Eva Amrhein

7. Mother's Birthplace Baltimore City

8. Full Name of Father Heinrich Edel.

9. Father's Occupation Tavern Keeper

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this return

Marr E. Muller

Address N. Dallas St. No. 26.

Remarks

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20668

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



Margaret Anna Herge

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

female
white
Sept 16 1877.
corner Mount and Frederick Ave.
Catharina Herge
C. Muller
Germany
Heinrich Herge
Tailor
Germany
Sophia Wimmel
36 Pearl St.

GIVEN UNDER OATH. 10-6-5

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20669

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



Name of child: Bertha Hehl

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) white

3. Date of Birth Sept 16th 1877

4. Place of Birth (Street and Number) 62 Wall Street

5. Full Name of Mother Henrietta Hehl

6. Mother's Maiden Name H. Kress.

7. Mother's Birthplace Prussian

8. Full Name of Father Louis Hehl

9. Father's Occupation Cabinet-maker

10. Father's Birthplace Prussia

Name of Medical Attendant, or other Person who makes this Return. Joseph H. H. H.

Address 36 Wall St.

Remarks

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

20670

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *3rd child*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *16. Sept. 1877*
4. Place of Birth (Street and Number) *160 George st*
5. Full Name of Mother *Ella L. Little*
6. Mother's Maiden Name *" " Glase*
7. Mother's Birthplace *Baltimore City*
8. Full Name of Father *William Little*
9. Father's Occupation *Hickster*
10. Father's Birthplace *Carroll County Md*
Name of Medical Attendant, or other Person who makes this Return. *J. H. Hibbons M.D.*
Address *47 Edmondson ave*
Remarks

advice at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Twelfth
Male
White
Sept 16th 1877
P. Carter str
Mrs M. Ellice
Mary Jones
Balto
M. M. Ellice
Bookkeeper
Balto
Mrs Mary C. Simms
213 Washington str
J. P.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

16th Sept 1877

4. Place of Birth (Street and Number)

168 O'Chapin St.

5. Full Name of Mother

Mary Simms

6. Mother's Maiden Name

M. B. Gittinger

7. Mother's Birthplace

Maryland

8. Full Name of Father

John P. Simms

9. Father's Occupation

Can Maker

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Dr. Mary E. Simms

Address

No 205 Washington St.

Remarks

F.D.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20673

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Twelfth

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Sept 16th 1877.

4. Place of Birth (Street and Number)

548 St. Gay.

5. Full Name of Mother

Margaret Severson

6. Mother's Maiden Name

Margaret Heridith

7. Mother's Birthplace

Philadelphia

8. Full Name of Father

Thomas Henry Severson

9. Father's Occupation

Machinist

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Geo W Mayson

Address

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this return

Address

Remarks

1st
Female
Black
Sept 16th 1877
162 S. Howard St
Mary Elitch
Mary Parker
Maryland
Mr Elitch
Wrayman
Andersson
Theodore (etc. m v)

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fifth*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *R*
3. Date of Birth *September 17th*
4. Place of Birth (Street and Number) *260 Myrtle Avenue*
5. Full Name of Mother *Agnes Wieland*
6. Mother's Maiden Name *Bollman*
7. Mother's Birthplace *Pittsburgh Pa*
8. Full Name of Father *Chas. Wieland*
9. Father's Occupation *Merchant*
10. Father's Birthplace *Kirchheim u/Teck Württemberg Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Anne Lammela*
- Address *60 60 Schooler*
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20676

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

3. Date of Birth

Sept 17 1877

4. Place of Birth (Street and Number)

141 Franklin St

5. Full Name of Mother

Ann Braitsh

6. Mother's Maiden Name

Ann Brug

7. Mother's Birthplace

Germany

8. Full Name of Father

Conrad Braitsh

9. Father's Occupation

Shoemaker

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Miss Fannie Merenzel

Address

No 220

Pratt St

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, the or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth. *Sept the 17. 1877*
4. Place of Birth (Street and Number) *No 7 Parrish St*
5. Full Name of Mother. *Mary Cassell*
6. Mother's Maiden Name *Mary Edwards*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Casper Cassell*
9. Father's Occupation *Painter*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Miss Annie Stoenzfel*
- Address *220 Preston St*
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Sept. 17th 1877*
4. Place of Birth (Street and Number) *163 W. Lombard St. (Maternity)*
5. Full Name of Mother *Mrs. Emma Warfield*
6. Mother's Maiden Name *Shipley*
7. Mother's Birthplace *Howard Co. Md.*
8. Full Name of Father *James Perry Warfield*
9. Father's Occupation *Farmer*
10. Father's Birthplace *Howard Co.*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. Wm. Lombel*
- Address *163 W. Lombard St.*
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Male

1. Sex (state whether Male or Female) _____

2. Race or Color (if not of the white race) White

3. Date of Birth 17 September

4. Place of Birth (Street and Number) No. 90, Edgar St.,

5. Full Name of Mother Juli Reem

6. Mother's Maiden Name Juli Schneek

7. Mother's Birthplace Bidenhoff

8. Full Name of Father William Reem

9. Father's Occupation Stone Cutter

10. Father's Birthplace Braunschweig

Name of Medical Attendant, or other Person who makes this Return. K. Schleifer

Address N. 33. Howard St.

Remarks _____

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 14 September
4. Place of Birth (Street and Number) 1165 Market Space
5. Full Name of Mother Marguerite Galli
6. Mother's Maiden Name Origalion
7. Mother's Birthplace Italian
8. Full Name of Father Peter Galli
9. Father's Occupation none
10. Father's Birthplace Italian
- Name of Medical Attendant, or other Person who makes this Return. Sophia Simons
- Address 2070 Broadway Street
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20681

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 17 September
4. Place of Birth (Street and Number) 185 Pratt Street
5. Full Name of Mother Caroline Stabler
6. Mother's Maiden Name Meitzger
7. Mother's Birthplace Baltimore
8. Full Name of Father Fredrich Stabler
9. Father's Occupation none
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Sophia Simon
- Address No 20 E. nearly Street
- Remarks

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

20682

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether Male or Female) Girl
2. Race or Color (if not of the white race) White
3. Date of Birth No 143 Conway Street
4. Place of Birth (Street and Number) Sept 17 1877
5. Full Name of Mother Kate Egan
6. Mother's Maiden Name _____
7. Mother's Birthplace Germany
8. Full Name of Father George Egan
9. Father's Occupation tailor
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Debrah Thomas
- Address 11 Burgundy Alley
- Remarks _____

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20683

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7
1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) White
3. Date of Birth September. 17 1877
4. Place of Birth (Street and Number) 285 east Lombard st
5. Full Name of Mother Louise L Diggs
6. Mother's Maiden Name Louise L Gordon
7. Mother's Birthplace Baltimore city
8. Full Name of Father Levally Diggs
9. Father's Occupation private detective
10. Father's Birthplace Baltimore city
- Name of Medical Attendant, or other Person who makes this Return. Mary Conner 153 Choptank
Address _____
- Remarks _____

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. As to their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

206811



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2 d*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *September 17th 1877*
4. Place of Birth (Street and Number) *248 Hamburg St*
5. Full Name of Mother *Rose Battenfeldt*
6. Mother's Maiden Name *Lieb*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Peter Battenfeldt*
9. Father's Occupation *Booker*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this return *Catharina Münch*
- Address *74 Leaden Hall St*
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20685

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) a
3. Date of Birth 17th July 1877
4. Place of Birth (Street and Number) 512 W. Pratt St.
5. Full Name of Mother Margaretta Carter
6. Mother's Maiden Name Margaretta Wunschein
7. Mother's Birthplace Biederman (Germany)
8. Full Name of Father John H. Carter
9. Father's Occupation Saloon Keeper
10. Father's Birthplace Biele (Germany)
- Name of Medical Attendant, or other Person who makes this Return. Dr. Wiedemann M.D.
- Address 120 Pearl St. Baltimore
- Remarks

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth September 17
4. Place of Birth (Street and Number) Popple Street
5. Full Name of Mother Mossy White
6. Mother's Maiden Name Mary Grace
7. Mother's Birthplace Germany
8. Full Name of Father Henry White
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. _____
- Address _____
- Remarks Margret Elliot

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. He or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20687

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex (state whether Male or Female)

male

2. Race or Color (if not of the white race)

3. Date of Birth

17 Sept 1877

4. Place of Birth (Street and Number)

113 E Lombard St

5. Full Name of Mother

Geoclia Bernstein

6. Mother's Maiden Name

Geoclia Thacker

7. Mother's Birthplace

Germany

8. Full Name of Father

Charles Bernstein

9. Father's Occupation

School Teacher

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this return

Sarah Barber

Address

528 Lombard St

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20688

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

3. Date of Birth

17 Sep 1877

4. Place of Birth (Street and Number)

77 Bank St.

5. Full Name of Mother

Louise Hatten Hubert

6. Mother's Maiden Name

Hollen

7. Mother's Birthplace

Unidet Staates

8. Full Name of Father

Frank Hubert

9. Father's Occupation

Hoore Keeper

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Gertrud Miller

Address

151 E. Pratt St.

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *September 17/1877*
4. Place of Birth (Street and Number) *24 S. Bond St*
5. Full Name of Mother *Bettie Ingram*
6. Mother's Maiden Name *Bettie Calhoun*
7. Mother's Birthplace *Virginia*
8. Full Name of Father *Chas H. Ingram*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Virginia*
- Name of Medical Attendant, or other Person who makes this Return *Mary A. Caldwell*
- Address *286 N. Trench St*
- Remarks

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

20690

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th
1. Sex (~~state whether Male or Female~~) _____
2. Race or Color (if not of the white race) White
3. Date of Birth Sp 17th 1877
4. Place of Birth (Street and Number) 79 N. Howard st
5. Full Name of Mother Sarah Bruders Townsend
6. Mother's Maiden Name "
7. Mother's Birthplace Baltimore
8. Full Name of Father Samuel P. Townsend
9. Father's Occupation Merchant
10. Father's Birthplace Eastern Shore of Md
- Name of Medical Attendant, or other Person who makes this Return. Samuel Stearns, M.D.
- Address 93 Park ave
- Remarks Natural

advise at the time of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, to or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20691

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11th
1. Sex (state whether Male or Female) girl
2. Race or Color (if not of the white race) white
3. Date of Birth 18th
4. Place of Birth (Street and Number) Oregon St No. 36
5. Full Name of Mother Lina Kelbo
6. Mother's Maiden Name Linna
7. Mother's Birthplace Baltimore
8. Full Name of Father Henderson Kelbo
9. Father's Occupation trunk maker
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Lydia Somerswell
- Address 13 Clinton avenue
- Remarks

swine at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth 17 Sep
4. Place of Birth (Street and Number) 27 Front St
5. Full Name of Mother Rachel Gibbons
6. Mother's Maiden Name Dalbot
7. Mother's Birthplace Baltimore County
8. Full Name of Father Wm Gibbons
9. Father's Occupation Labourer
10. Father's Birthplace Baltimore County
- Name of Medical Attendant, or other Person who makes this return Assula J. Chrissner
- Address No 17 Forbes Place
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2^d
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Sept 17, 1877
4. Place of Birth (Street and Number) Baltic Ave.
5. Full Name of Mother Anne Riemenschneider
6. Mother's Maiden Name Anne Heath
7. Mother's Birthplace Ireland
8. Full Name of Father Edward Riemenschneider
9. Father's Occupation Carpenter
10. Father's Birthplace New York
- Name of Medical Attendant, or other Person who makes this return Lena Willigist
- Address No 182 Monument St.
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20694

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth October 17, 1877.
4. Place of Birth (Street and Number) 52 E. Charles St. No. 155, S. Charles
5. Full Name of Mother Mary Catharine Rupp Kreis
6. Mother's Maiden Name Mary Cath? Rupp
7. Mother's Birthplace Baltimore City.
8. Full Name of Father George Allen Kreis
9. Father's Occupation Inspector of Taxes
10. Father's Birthplace Baltimore City
- Name of Medical Attendant, or other Person who makes this Return. A. R. M. M. M. M.
- Address 71 Franklin St.
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar thereof, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th child*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) _____
3. Date of Birth *18th of September*
4. Place of Birth (Street and Number) *the East house in City Washington*
5. Full Name of Mother *Paraise Miller*
6. Mother's Maiden Name *Miller*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Simon Miller*
9. Father's Occupation *Milbeam Driver*
10. Father's Birthplace *Curt Hasseam*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Sinden*
- Address *1000 ...*
- Remarks _____

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20696

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th.*
1. Sex (state whether Male or Female) *female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *18 September 1877*
4. Place of Birth (Street and Number) *No 71 Greenmount Ave.*
5. Full Name of Mother *Annie Hallman*
6. Mother's Maiden Name *Annie Kanneiman*
7. Mother's Birthplace *Hanover, Germany*
8. Full Name of Father *Henry Hallman*
9. Father's Occupation *Resturant.*
10. Father's Birthplace *Hanover Germany*
Name of Medical Attendant, or other Person who makes this Return. *Mrs. M. A. [illegible]*
Address *No 181 N. Central Ave. 3. [illegible]*
Remarks *All well.*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20697

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2^d
1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race)
3. Date of Birth 7th 1877 81 Camden H. Baltimore
4. Place of Birth (Street and Number) 81 Camden H.
5. Full Name of Mother Lina Roehn
6. Mother's Maiden Name Lina Mueller
7. Mother's Birthplace Grosser (Germany)
8. Full Name of Father August Roehn
9. Father's Occupation Labarionet
10. Father's Birthplace Bredingen, (Germany)
- Name of Medical Attendant, or other Person who makes this Return. D. H. Heldman M.D.
- Address
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20698

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth 18th Sept 1877
4. Place of Birth (Street and Number) 512 W. Pratt St 104 N. Fremont St
5. Full Name of Mother Eleanor Born
6. Mother's Maiden Name Eleanor Schmidt
7. Mother's Birthplace Pölle (Germany)
8. Full Name of Father John Born
9. Father's Occupation Liquor Dealer
10. Father's Birthplace Emelshausen (Germany)
- Name of Medical Attendant, or other Person who makes this Return. Dr. H. H. H. H.
- Address 121 Pearl St. Baltimore
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20699

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Lip

Male
Color

Sept 18 1877

Stock Market St. No 22

Margaret Sneed

State of Pa.
Samuel Sneed

Labor

Pa.

Cassius Butler

No 113 West St

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20700

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Sept 18th 1877*
4. Place of Birth (Street and Number) *81 N. Epton St*
5. Full Name of Mother *Isabella Blakeman*
6. Mother's Maiden Name *J. Druman*
7. Mother's Birthplace *Ohio*
8. Full Name of Father *Isaac J. Blakeman*
9. Father's Occupation *Seaman (Travelling)*
10. Father's Birthplace *Ohio*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

L. M. Stevens

advice at the birth of any child, within the City of Baltimore, shall report to the registrar accordingly, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fifth*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) _____
3. Date of Birth *September 1887*
4. Place of Birth (Street and Number) *208 N. Wall St*
5. Full Name of Mother *Mary E. Stephenson*
6. Mother's Maiden Name *" "*
7. Mother's Birthplace *Barlow*
8. Full Name of Father *Ohio*
9. Father's Occupation *J. Henry Stephenson*
10. Father's Birthplace *Up. Holston*
- Name of Medical Attendant, or other Person who makes this Return. *Kentucky*
- Address *Mary at Ellwell*
- Remarks *286 Mc Donough st*

otherwise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who
makes this Return.

Address

Remarks

1
male
white
Sept. 18. 1877
314 Wilcoxon St
Annie Pedicord
Annie Grosz
Baltimore
Albert Pedicord
Laborer
Balt
Mrs Ann Nash

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

110210.

RETURN OF A BIRTH.

20703

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this return

Address

Remarks

Male
white
Sept. 18. 1877
Easton St. No. 115
Margaretha Brechenbach
Bredingen
Hessen Darmstadt
Wilhelm Brechenbach
Feldsmann
Eminent Brechen
Mrs. Johanna Brechenbach
South Wolf St. No. 28
Her Wife

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20704



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 18 Sep
4. Place of Birth (Street and Number) 154 Greensmount Ave
5. Full Name of Mother Patricia Minnick
6. Mother's Maiden Name Itaylor
7. Mother's Birthplace Baltimore
8. Full Name of Father Geo Minnick
9. Father's Occupation Gas fitter
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this return Urmla J. Chamber
- Address No 7 Forrest Place
- Remarks

MISSING

#20705

advice as to the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20706

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. 4th Child
Female

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

Sept 18th 1877

4. Place of Birth (Street and Number)

No 165 Hamburg St.

5. Full Name of Mother

Elizabeth Schmidt

6. Mother's Maiden Name

Wolf

7. Mother's Birthplace

Germany.

8. Full Name of Father

Jacob Schmidt

9. Father's Occupation

Tailor

10. Father's Birthplace

Germany.

Name of Medical Attendant, or other Person who makes this Return.

J. Lohwasser midwife

Address

213 Cross St.

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) _____
3. Date of Birth *Sept. 18th / 1877.*
4. Place of Birth (Street and Number) *14 Poultnery St.*
5. Full Name of Mother *Sarah Behren.*
6. Mother's Maiden Name *" Myers.*
7. Mother's Birthplace *Balto. City*
8. Full Name of Father *Henry Behren.*
9. Father's Occupation *Cabinet-maker.*
10. Father's Birthplace *Germany*

Name of Medical Attendant, or other Person who makes this Return.

Address _____

Remarks *Ch. living*

*R. J. N. Tall, M.D.
152, 4th & Sharp St.*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20708

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Male.
White.
September 18. 1877
5- Hallam St
Fannie E. Andrews.
Fannie E. Hanson.
Maryland
Ringold Andrews,
Public Officer.
Maryland
J. N. Horck
75 E. Baltimore St

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

20709

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *September 18, 1877*
4. Place of Birth (Street and Number) *105 Lemon St*
5. Full Name of Mother *Alice Smith*
6. Mother's Maiden Name *Alice Lether*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *William Smith*
9. Father's Occupation *Butcher*
10. Father's Birthplace *Fredrick Md*
- Name of Medical Attendant, or other Person who makes this Return *Mrs E Sinclair*
- Address *No 59 Fredrick St*
- Remarks

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2^{tes} Kind*
1. Sex (state whether Male or Female) *Mädchen*
2. Race or Color (if not of the white race) *Weiß*
3. Date of Birth *geboren den 18^{ten} September*
4. Place of Birth (Street and Number) *N^o 276 South Tallowes Str.*
5. Full Name of Mother *Babere Gröf*
6. Mother's Maiden Name *Babere Schmidt*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Schäck Gröf*
9. Father's Occupation *Gerber*
10. Father's Birthplace *Baltimore*
Name of Medical Attendant, or other Person who makes this return *Friedene Hech Kaufmann*
Address *N^o 178 Corner of Tallowes und Eastern Av*
Remarks *Heimlich.*

advise as the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3^d

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

September 18th 1877

4. Place of Birth (Street and Number)

No 12 Robert Street

5. Full Name of Mother

Catharina Wermuth

6. Mother's Maiden Name

" " Langhirt

7. Mother's Birthplace

Germany

8. Full Name of Father

Joseph Wermuth

9. Father's Occupation

Laborer

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this return

Catharina Mönch

Address

74 Leaden hall St

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c) 4th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) _____

3. Date of Birth Sept 1 1877

4. Place of Birth (Street and Number) No. 377 Coates Ave

5. Full Name of Mother Elizabeth Martini

6. Mother's Maiden Name Gimmann

7. Mother's Birthplace Germany

8. Full Name of Father Albert Martini

9. Father's Occupation Driver

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Buschmann

Address 120 Bank St

Remarks _____

advise of the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20713

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1th*
1. Sex (state whether Male or Female) *Boy*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *19 September 21*
4. Place of Birth (Street and Number) *248 Wolfe Street*
5. Full Name of Mother *Megie Majer*
6. Mother's Maiden Name *Kreyner*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Karl Kreyner*
9. Father's Occupation *— — — — —*
10. Father's Birthplace *Bremen* *Germany*
- Name of Medical Attendant, or other Person who makes this return *Marie Guttner*
- Address *Wolfe Street 245*
- Remarks

Also at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20714

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5 Children*
1. Sex (state whether Male or Female) *Last of Boy*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *19th September*
4. Place of Birth (Street and Number) *Orangeville*
5. Full Name of Mother *Caroline Simon*
6. Mother's Maiden Name *Caroline Bick*
7. Mother's Birthplace *Germany*
8. Full Name of Father *John Bick*
9. Father's Occupation *Farmer*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return *Frederick Knobel*
- Address *24 North Chappel St. John Knobel*
- Remarks *Healthy*

Notice: In the City of Baltimore, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20715

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6 Children*
1. Sex (state whether Male or Female) *not a Girl*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *19th of September 1877*
4. Place of Birth (Street and Number) *56 West Macdaniel St*
5. Full Name of Mother *Augusta Oppel*
6. Mother's Maiden Name *Augusta Koeler*
7. Mother's Birthplace *Germany*
8. Full Name of Father *William Koeler*
9. Father's Occupation *Cabinet maker*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Leopoldine Kunkel*
- Address *212 North Chappel St*
- Remarks *See entry*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20716

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5^c*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Apr 17 Ann Dingshaugen 1877*
4. Place of Birth (Street and Number) *19 Palmdale*
5. Full Name of Mother *Anne Bengtson*
6. Mother's Maiden Name *Christina Knutson*
7. Mother's Birthplace *in Wisconsin*
8. Full Name of Father *John Bengtson*
9. Father's Occupation *Librarian*
10. Father's Birthplace *Switzerland*
- Name of Medical Attendant, or other Person who makes this return *Dr. J. C. Dingshaugen*
- Address *No 14 Junior Unit*
- Remarks

advise at the birth of any child, within the City of Baltimore, and report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

3. Date of Birth

Sep. 19

4. Place of Birth (Street and Number)

336 Franklin St.

5. Full Name of Mother

Sarah Smith

6. Mother's Maiden Name

Sarah Taylor

7. Mother's Birthplace

Rockbridge Co. Va

8. Full Name of Father

Samuel Smith

9. Father's Occupation

Printer

10. Father's Birthplace

Balt. Co.

Name of Medical Attendant, or other Person who makes this Return.

J. M. Wilson

Address

257 Mad. Ave.

Remarks

Notice at the birth of any child, within the City of Baltimore, shall report to the Registrar General, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20718

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)
2. Race or Color (if not of the white race)
3. Date of Birth
4. Place of Birth (Street and Number)
5. Full Name of Mother
6. Mother's Maiden Name
7. Mother's Birthplace
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Sept 9th 1877
238 North Main St.
Ethel C. Dixon.
Ethel C. Dixon.
Baltimore City
James W. Dixon
Painter
Baltimore City
John S. R. Mott M.D.
City.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *September 19th 1877*
4. Place of Birth (Street and Number) *William Street No 165.*
5. Full Name of Mother *Anna E. Weber*
6. Mother's Maiden Name *Anna E. Baseman.*
7. Mother's Birthplace *Baltimore M. D.*
8. Full Name of Father *Louis Weber.*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Baltimore M. D.*
- Name of Medical Attendant, or other Person who makes this Return. *Protheca Brune*
- Address *114 Battery St.*
- Remarks

advise at the birth of any child, within the City of Baltimore, of all report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20719 1/2

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *9th Child*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *19th September.*
4. Place of Birth (Street and Number) *No. 2 Hill St.*
5. Full Name of Mother *Julia Jayner.*
6. Mother's Maiden Name *Julia Gateley.*
7. Mother's Birthplace *Ireland.*
8. Full Name of Father *Thomas Jayner.*
9. Father's Occupation *Boiler Maker.*
10. Father's Birthplace *Kent County*
- Name of Medical Attendant, or other Person who makes this Return. *E. Lyeleth. Scarborough.*
- Address *No. 236 Montgomery St.*
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar, within 42 days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

19 Sep

4. Place of Birth (Street and Number)

No 7 Green St

5. Full Name of Mother

Mary Moran

6. Mother's Maiden Name

Hogan

7. Mother's Birthplace

Ireland

8. Full Name of Father

Michel Moran

9. Father's Occupation

Laborer

10. Father's Birthplace

Ireland

Name of Medical Attendant, or other Person who makes this return

Isabella J. Whisner

Address

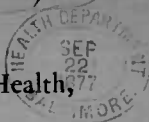
No 7 Farwell Place

Remarks

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd Child*
1. Sex (state whether Male or Female) _____
2. Race or Color (if not of the white race) *White*
3. Date of Birth *September the 19. 1877*
4. Place of Birth (Street and Number) *Herring Court No. 6.*
5. Full Name of Mother *Maria Gueselmann*
6. Mother's Maiden Name *Maria Breneck*
7. Mother's Birthplace *Baltimore, City*
8. Full Name of Father *August Gueselmann*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Hanover. W. Prussien. Germany*
- Name of Medical Attendant, or other Person who makes this return *Harry E. Muller*
- Address *N. Dallas St. No. 26.*
- Remarks _____

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar of Births, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (~~state whether male or female~~)

2. Race or Color (if not of the white race) Wht

3. Date of Birth Sept 19th 1877

4. Place of Birth (Street and Number) 414 Division St

5. Full Name of Mother Kate Ruter

6. Mother's Maiden Name Kate Kelly

7. Mother's Birthplace Ireland

8. Full Name of Father Geo Ruter

9. Father's Occupation Car driver

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Chas E Sautter M.D.
649 Penna Ave

RETURN OF A BIRTH.

20723

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
 1. Sex (state whether Male or Female) female
 2. Race or Color (if not of the white race) colored
 3. Date of Birth sep 17
 4. Place of Birth (Street and Number) 55 Leppin st
 5. Full Name of Mother Harriet Grace
 6. Mother's Maiden Name Harriet Libron
 7. Mother's Birthplace Eastern Talbot Co Md
 8. Full Name of Father James Grace
 9. Father's Occupation Ironman
 10. Father's Birthplace Eastern Talbot Co Md
 Name of Medical Attendant, or other Person who makes this Return Mrs Less Johnson
 Address no 32 North st
 Remarks healthy child

Leave at the office of any child, within the City of Baltimore, a full report to the Registrar of Health, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, a full report to the Registrar of Births, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *19th of Sept. 1877.*

4. Place of Birth (Street and Number) *206th N. Bond st.*

5. Full Name of Mother *Caroline Weiss or Caroline Lange*

6. Mother's Maiden Name *Caroline Lange*

7. Mother's Birthplace *Baltimore City*

8. Full Name of Father *J. M. Lange*

9. Father's Occupation *Watch Maker*

10. Father's Birthplace *Baltimore City*

Name of Medical Attendant, or other Person who makes this Return. *Mary Allen*

Address *125th N. Caroline st.*

Remarks

advice at the birth of any child, within the City of Baltimore, and report to the Registrar within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th Child.*
1. Sex (state whether Male or Female) *Female.*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *19th September*
4. Place of Birth (Street and Number) *"216. Columbia Avenue*
5. Full Name of Mother *Maggie Kelly*
6. Mother's Maiden Name *Maggie Schaffer.*
7. Mother's Birthplace *Baltimore Md.*
8. Full Name of Father *John Kelly*
9. Father's Occupation *Firemen*
10. Father's Birthplace *Baltimore Md.*
- Name of Medical Attendant, or other Person who makes this Return. *Elizabeth Scarborough*
- Address *No 236. Montgomery St.*
- Remarks

advise at the birth of any child, within the City of Baltimore, and report to the Registrar within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20726

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd.*
1. Sex (state whether Male or Female) *Female.*
2. Race or Color (if not of the white race) _____
3. Date of Birth *19th of September,*
4. Place of Birth (Street and Number) *5 Constitution St.*
5. Full Name of Mother *Amanda Mencher*
6. Mother's Maiden Name *Schliver.*
7. Mother's Birthplace *Carroll County.*
8. Full Name of Father *George Mencher*
9. Father's Occupation *Conductor*
10. Father's Birthplace *Carroll County*
- Name of Medical Attendant, or other Person who makes this Return. *Charlotte Crosby*
- Address *269 Cathedral St.*
- Remarks _____

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

first

1. Sex (state whether Male or Female)

female

2. Race or Color (if not of the white race)

white

3. Date of Birth

Sept. 19th 1877

4. Place of Birth (Street and Number)

127 Albemarle

5. Full Name of Mother

Mary Guffy

6. Mother's Maiden Name

" O'Brien

7. Mother's Birthplace

Ireland

8. Full Name of Father

William Guffy

9. Father's Occupation

Policemann

10. Father's Birthplace

Ireland

Name of Medical Attendant, or other Person who makes this Return.

J. E. Dausch M.D.

Address

Remarks

advise at the birth of any child within the City of Baltimore, shall report to the Registrar immediately, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

20728

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) ~~1st~~ 2d

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth

September 19th 1877.

4. Place of Birth (Street and Number)

3 Chase St.

5. Full Name of Mother

Mary Callahan

6. Mother's Maiden Name

Mary W. Mahan

7. Mother's Birthplace

Washington D.C.

8. Full Name of Father

John Callahan

9. Father's Occupation

Labourer

10. Father's Birthplace

Ireland

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

J. H. Brown
Lanark St. Astor House

any place at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3^d* *11*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *September 19 1877*
4. Place of Birth (Street and Number) *No 400 Hanover St*
5. Full Name of Mother *Charlotte Schmierzund*
6. Mother's Maiden Name *" Götz*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Johann Schmierzund*
9. Father's Occupation *Plummer*
10. Father's Birthplace *Baltimore*
Name of Medical Attendant, or other Person who makes this return *Catharine Munch*
Address *74 Leadenhall St*
Remarks

advise at the birth of any child within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20730

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2^d
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth September 19 1877
4. Place of Birth (Street and Number) 10 September 10 1877
5. Full Name of Mother Christine Ecklopfstein
6. Mother's Maiden Name Plaff
7. Mother's Birthplace Baltimore
8. Full Name of Father John Ecklopfstein
9. Father's Occupation Shoemaker
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this return Mrs Louise Kraft
- Address _____
- Remarks _____

Give me at the birth of any child, within the city of Baltimore, and report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20731

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2^d*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *September 19th 1877*
4. Place of Birth (Street and Number) *232 Canton ave*
5. Full Name of Mother *Emilie Desch*
6. Mother's Maiden Name *" " Hildebrandt*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Franz Desch*
9. Father's Occupation *(Laborer)*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this return *Louise Kraft*
- Address
- Remarks

advice at the birth of any child, within the City of Baltimore, shall report to the Registrar at least, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20732

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *female*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *Sept 19th 1877*
4. Place of Birth (Street and Number) *509 North St*
5. Full Name of Mother *Elizabeth G. Good*
6. Mother's Maiden Name *Elizabeth G. Downs*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *James A. Wood*
9. Father's Occupation *letter carrier*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this return *Thos. Cook*
- Address
- Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d.*
1. Sex (state whether Male or Female) *Female.*
2. Race or Color (if not of the white race) *white.*
3. Date of Birth *Nov 24. 1877.*
4. Place of Birth (Street and Number) *Baltimore Elliott St. No 107.*
5. Full Name of Mother *Emilie Bruster.*
6. Mother's Maiden Name *Linke*
7. Mother's Birthplace *Baltimore.*
8. Full Name of Father *Heinrich Bruster.*
9. Father's Occupation *Villagebauer.*
10. Father's Birthplace *Baltimore.*
- Name of Medical Attendant, or other Person who makes this Return. *Anna Timmen.*
- Address *Bond St. 263.*
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar addressed, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th Child*

1. Sex (state whether ~~Male~~ or Female) _____
 2. Race or Color (if not of the white race) *White*
 3. Date of Birth *September the 20. 1877*
 4. Place of Birth (Street and Number) *Mulliken St. No. 125.*
 5. Full Name of Mother *Emma Ströhlein*
 6. Mother's Maiden Name *Emma Harbmann*
 7. Mother's Birthplace *Friedrich W. Reussen. Germany*
 8. Full Name of Father *Nicolaus Ströhlein*
 9. Father's Occupation *Cooper*
 10. Father's Birthplace *Schwarzenbach W. Baiern Germany*
- Name of Medical Attendant, or other Person who makes this return *Marr E. Muller*
- Address *N. Dallas St No. 26,*
- Remarks _____

Give at the date of day child, within the city or Baltimore, and report to the Registrar within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20735

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Sept. 20th 1877
4. Place of Birth (Street and Number) Baltimore Avenue at No. 10
5. Full Name of Mother Annie Cleary
6. Mother's Maiden Name McKintire
7. Mother's Birthplace Ireland
8. Full Name of Father Michael Cleary
9. Father's Occupation Painter
10. Father's Birthplace Ireland
- Name of Medical Attendant, or other Person who makes this return Mrs. G. Mitchell
- Address No. 122 Parkers St
- Remarks

RETURN OF A BIRTH.

20736

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex (state whether Male or Female)

male

2. Race or Color (if not of the white race)

3. Date of Birth

20 Sept 1877

4. Place of Birth (Street and Number)

72 E Lombard St

5. Full Name of Mother

Magdalene Coker

6. Mother's Maiden Name

Magdalene Liddell

7. Mother's Birthplace

United States

8. Full Name of Father

George Coker

9. Father's Occupation

Farmer

10. Father's Birthplace

United States

Name of Medical Attendant, or other Person who makes this return

Sarah Barker

Address

52 E Lombard St

Remarks

advise at the birth of any child, within the city of Baltimore, said report to the Registrar of Births, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Sept. 20/77

4. Place of Birth (Street and Number)

Wolf st No 31

5. Full Name of Mother

Rosina Stoller

6. Mother's Maiden Name

Herman

7. Mother's Birthplace

German

8. Full Name of Father

Henry Stoller

9. Father's Occupation

Labourer

10. Father's Birthplace

German

Name of Medical Attendant, or other Person who makes this Return.

Johanna Schutte

Address

Middlewife

Remarks

320 Allida Anna st

Advice at the birth of any child, within the City of Baltimore, shall report to the Registrar at least, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Wh
3. Date of Birth Sept 20 2 1877
4. Place of Birth (Street and Number) Pattersons Lane
5. Full Name of Mother Laura Griffith
6. Mother's Maiden Name Laura Switzer
7. Mother's Birthplace Baltimore
8. Full Name of Father Abraham Griffith
9. Father's Occupation Coach Painter
10. Father's Birthplace Caroline Co Md
- Name of Medical Attendant, or other Person who makes this Return. Chas E Sadler M.D.
- Address 649 Penna st
- Remarks

RETURN OF A BIRTH.

20739

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex (state whether Male or Female)

male

2. Race or Color (if not of the white race)

white

3. Date of Birth

Sept 20th 1874

4. Place of Birth (Street and Number)

713 N Baltimore St

5. Full Name of Mother

Liza Simons

6. Mother's Maiden Name

Liza Tobias

7. Mother's Birthplace

Poland

8. Full Name of Father

Tobias Simons

9. Father's Occupation

Dealer

10. Father's Birthplace

Poland

Name of Medical Attendant, or other Person who makes this Return.

Sophia Munn

Address

36 East St

Remarks

Advise at the birth of any child, within the City of Baltimore, your report to the Registrar of Health, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the city of Baltimore, what age it has, what sex it is, what color it is, and color of the child or children within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20740

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex (state whether Male or Female) *Female.*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *September 20, 1877*
4. Place of Birth (Street and Number) *E. Lombard St. 2nd door from Bond St.*
5. Full Name of Mother *Amanda Jane Harris*
6. Mother's Maiden Name *Amanda Jane Mucke*
7. Mother's Birthplace *Maryland*
8. Full Name of Father *Charles H. Harris*
9. Father's Occupation *Carpenter*
10. Father's Birthplace *Maryland*
Name of Medical Attendant, or other Person who makes this Return. *J. N. Henshaw M.D.*
Address *75 E. Baltimore St.*
Remarks

within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20741

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First-*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Sept 20 1877*
4. Place of Birth (Street and Number) *38 North Euter St*
5. Full Name of Mother *Mary Hart*
6. Mother's Maiden Name *Mary Purcell*
7. Mother's Birthplace *N York City*
8. Full Name of Father *James Joseph Hart*
9. Father's Occupation *Blank Book Binder*
10. Father's Birthplace *Dublin Ireland*
- Name of Medical Attendant, or other Person who makes this Return *J W Purcell M.D.*
- Address *506 W Fayette St*
- Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20742

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d child

1. Sex (state whether Male or Female)

in Baltimore

2. Race or Color (if not of the white race)

it is White Race

3. Date of Birth

20 September 1877

4. Place of Birth (Street and Number)

Baltimore N Bond St. 207

5. Full Name of Mother

Mary Brown

6. Mother's Maiden Name

Mary Johnson

7. Mother's Birthplace

Germany

8. Full Name of Father

Jim Johnson

9. Father's Occupation

tailor

10. Father's Birthplace

Prussia

Name of Medical Attendant, or other Person who makes this Return.

Mary Taylor

Address

207 N Bond St

Remarks

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



20743

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Sep 20. 1877

4. Place of Birth (Street and Number)

134 Castle St. F.P.

5. Full Name of Mother

M. A. Ernst

6. Mother's Maiden Name

M. Steinlein

7. Mother's Birthplace

America

8. Full Name of Father

M. Ernst

9. Father's Occupation

Optic Measures

10. Father's Birthplace

America

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Mary Holmes

Address

203 Washington St.

Remarks

F.P.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 20 September
4. Place of Birth (Street and Number) 105 Greenmount Ave
5. Full Name of Mother Marguerite Simon
6. Mother's Maiden Name Smith
7. Mother's Birthplace Baltimore
8. Full Name of Father Wilhelm Simon
9. Father's Occupation Headright
10. Father's Birthplace Germing
- Name of Medical Attendant, or other Person who makes this Return. Sophia Simon
- Address 1070 Greenly Street
- Remarks

to be filled out by the mother or any other person, within the City or Municipality, and to be filed in the Registrar's Office within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Report to the Registrar of Births, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH!

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Sept 20th 1877*

4. Place of Birth (Street and Number) *Co. 481 E 483. Monument St.*

5. Full Name of Mother *Olivia Daneglock.*

6. Mother's Maiden Name *Olivia Daneglock.*

7. Mother's Birthplace *Germany.*

8. Full Name of Father *Justus Daneglock.*

9. Father's Occupation *Spicery & Whiskey.*

10. Father's Birthplace *Germany*

Name of Medical Attendant, or other Person who makes this return *Leona Kellogg.*

Address *Sto 152 Monument St.*

Remarks

Review at the birth of any child, within the city of Baltimore, what the city of Baltimore, what the date of birth, sex, and color of the child or children within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH.

20746

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2 child*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *21 of September 1877*
4. Place of Birth (Street and Number) *Allys Aly 3016*
5. Full Name of Mother *Elizabeth Shuman*
6. Mother's Maiden Name *Elizabeth Eckhart*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Charles Shuman*
9. Father's Occupation *Cystrman*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Henry E. Anderson*
- Address *1682 H. Hamburg st*
- Remarks

RETURN OF A BIRTH.

20747

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th Child*

1. Sex (state whether Male or Female) *Male*
 2. Race or Color (if not of the white race) *White*
 3. Date of Birth *September 21, 1877*
 4. Place of Birth (Street and Number) *S. Register St. No. 56.*
 5. Full Name of Mother *Mary Borkhard*
 6. Mother's Maiden Name *Mary Pfeffer*
 7. Mother's Birthplace *Hessel. Gr. Hessen. Germany*
 8. Full Name of Father *Eduard Borkhard*
 9. Father's Occupation *Carpenter*
 10. Father's Birthplace *Petershagen. W. Prussen. Germany*
- Name of Medical Attendant, or other Person who makes this return *Mary E. Muller*
- Address *No. Dallas St. No. 26*
- Remarks

to be filled out by the Registrar, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20748

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *September 21. st. 1877*
4. Place of Birth (Street and Number) *No 254. Bayford. avenue*
5. Full Name of Mother *Ellen Russell*
6. Mother's Maiden Name *Ellen Thuck*
7. Mother's Birthplace *Harford County*
8. Full Name of Father *Geo. Russell*
9. Father's Occupation *Iron Molder.*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs M. A. Butts*
- Address *No 181. S. Central. av.*
- Remarks *See Will*

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

3. Date of Birth

21 Sep 1877

4. Place of Birth (Street and Number)

S. E. corner of Spring & Lombert

5. Full Name of Mother

Lisse Rehberger

6. Mother's Maiden Name

Flagel

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Christians Rehberger

9. Father's Occupation

Barber

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Gertraut Miller

Address

151 E Pratt St.

Remarks

Returning at the age of six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH.

20750

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..

No 3^d

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Sept. 21st / 77

4. Place of Birth (Street and Number)

Stall at No 136

5. Full Name of Mother

Emilia Seeger

6. Mother's Maiden Name

" Kösing

7. Mother's Birthplace

Germany

8. Full Name of Father

Edward Seeger

9. Father's Occupation

Carver

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Phanna Schutte

Address

Prosser

Remarks

320 Allie Anna st

advice at the birth of any child, within the City of Baltimore, shall report to the Registrar, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20751

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Col^d

3. Date of Birth

Sept. 21st 1877

4. Place of Birth (Street and Number)

134 Dover St.

5. Full Name of Mother

Hester Barrole,

6. Mother's Maiden Name

Bruning

7. Mother's Birthplace

Kent Co. Md.

8. Full Name of Father

James Barrole

9. Father's Occupation

Laborer

10. Father's Birthplace

Kent Co. Md.

Name of Medical Attendant, or other Person who makes this Return.

J. C. Eisman M.D.

Address

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20757

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd Child

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

3. Date of Birth

Sept 21st 1877

4. Place of Birth (Street and Number)

No 15 Elizabeth Lan.

5. Full Name of Mother

Elizabeth Schwartz

6. Mother's Maiden Name

Schad.

7. Mother's Birthplace

Germany

8. Full Name of Father

Henry Schwartz

9. Father's Occupation

Tailor

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return

J. Lehwasser midwife

Address

213 Cross St.

Remarks

RETURN OF A BIRTH.

20753

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c)

2nd

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Sept. 21st

4. Place of Birth (Street and Number)

246 South Sharpst

5. Full Name of Mother

Catharine Pearson

6. Mother's Maiden Name

Phillips

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Henry Pearson

9. Father's Occupation

Carpenter

10. Father's Birthplace

New Haven

Name of Medical Attendant, or other Person who makes this Return.

Henry Krohn

Address

328 S. Centerst

Remarks

to be filled out by the Registrar of Vital Statistics, Baltimore City, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether Male or Female) Male Child days 50ld
2. Race or Color (if not of the white race) Colored
3. Date of Birth september the 21 1877
4. Place of Birth (Street and Number) South Chapel street no 13
5. Full Name of Mother Jane Eleasabeth Tidanas
6. Mother's Maiden Name Jane Eleasabeth Cooper
7. Mother's Birthplace beeth Tollord Co Maryland
8. Full Name of Father Thosden Tidanas the Father
9. Father's Occupation Occupation Lascar dore
10. Father's Birthplace Birthplace Port Royal
- Name of Medical Attendant, or other Person who makes this Return. Lusan Morgan
- Address residen no 47 north Delahams street
- Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d.
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth September 21. 1877
4. Place of Birth (Street and Number) 345 Ontario St
5. Full Name of Mother Friedrich Sanger
6. Mother's Maiden Name Fried. Unverzagt
7. Mother's Birthplace German
8. Full Name of Father Georg Sanger
9. Father's Occupation Kalender
10. Father's Birthplace German
- Name of Medical Attendant, or other Person who makes this Return. Marie R. Rudiger
- Address 134 W. Bond Street
- Remarks

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

September 21st 1877

4. Place of Birth (Street and Number)

15 Gittings St.

5. Full Name of Mother

Virginia Irwin
Tolson

6. Mother's Maiden Name

7. Mother's Birthplace

Balto. City

8. Full Name of Father

Jno W. Irwin
Mariner

9. Father's Occupation

Balto. City

10. Father's Birthplace

P. C. Lee

Name of Medical Attendant, or other Person who makes this Return.

Address

N. W. ex. N. W. B. B. B.

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20758

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Sept 21 - 1877

4. Place of Birth (Street and Number)

Clinton St. Canton

5. Full Name of Mother

Mrs. Eberlein Filler

6. Mother's Maiden Name

Eberlein

7. Mother's Birthplace

Germany

8. Full Name of Father

John F. Filler

9. Father's Occupation

Shoemaker

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Mary E. Simms

Address

203 Washington St.

Remarks

J. F.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20759

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second.

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

4 White

3. Date of Birth

sep 21/77

4. Place of Birth (Street and Number)

No 11 Portugal Alley

5. Full Name of Mother

Mrs Vogel Bradley

6. Mother's Maiden Name

Vogel

7. Mother's Birthplace

Germany

8. Full Name of Father

Bradley

9. Father's Occupation

Laborer

10. Father's Birthplace

America

Name of Medical Attendant, or other Person who makes this Return.

Mrs Mary E. Simms

Address

No 213 Washington St

Remarks

H.P.

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Sept 2nd 1877*

4. Place of Birth (Street and Number) *309 Thompson St*

5. Full Name of Mother *Catharine Jeffers*

6. Mother's Maiden Name *Catharine Jefferson*

7. Mother's Birthplace *Ireland*

8. Full Name of Father *John Little*

9. Father's Occupation *Laborer*

10. Father's Birthplace *Virginia*

Name of Medical Attendant, or other Person who makes this return *Theodore C. K. M.D.*

Address

Remarks

advise of the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2th*
1. Sex (state whether Male or Female) *Girl*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *21 September*
4. Place of Birth (Street and Number) *1821 Langeste Street*
5. Full Name of Mother. *Mary Olive*
6. Mother's Maiden Name *Fick*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *William Fick*
9. Father's Occupation _____
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this return *Marie Guttner*
- Address *Wolfe Street 245.*
- Remarks _____

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar, aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Second Child*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *22nd day of September 1877*
4. Place of Birth (Street and Number) *1075 Harmon St*
5. Full Name of Mother *Mary Steamer*
6. Mother's Maiden Name *Mary Reisch*
7. Mother's Birthplace *Glee Hole and*
8. Full Name of Father *Alphonse Steamer*
9. Father's Occupation *Carrisher*
10. Father's Birthplace *Cologne Germany*
- Name of Medical Attendant, or other Person who makes this Return. *A. J. P. M. D.*
- Address *138 N. Peter St. Baltimore*
- Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20763

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2 d.*

1. Sex (state whether Male or Female) *Male.*

2. Race or Color (if not of the white race)

3. Date of Birth *September 22^d 1877*

4. Place of Birth (Street and Number) *Johnson Street. N. W. 6.*

5. Full Name of Mother *Lizzie Jacob.*

6. Mother's Maiden Name *Lizzie Burns.*

7. Mother's Birthplace *Baltimore. Md.*

8. Full Name of Father *James Jacob.*

9. Father's Occupation *Laborer*

10. Father's Birthplace *Baltimore Md.*

Name of Medical Attendant, or other Person who makes this Return *Dorothea Burns*

Address *114 Battery St*

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 20764

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd child*
1. Sex (state whether Male or Female) *male*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *September 22 1877*
4. Place of Birth (Street and Number) *99 Chapel St*
5. Full Name of Mother *Mary Clark*
6. Mother's Maiden Name *Mary Connor*
7. Mother's Birthplace *Baltimore City*
8. Full Name of Father *William Clark*
9. Father's Occupation *laborer*
10. Father's Birthplace *Baltimore City*
- Name of Medical Attendant, or other Person who makes this Return. *Leach and M. Garrett*
- Address *1133 Alice M. M. St*
- Remarks

✓ 20765

Health.

HEALTH DEPARTMENT
SEP 24 1877
BALTIMORE.

- in view at the birth of any child, within the City of Baltimore, shall report to the Registrar a record, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20766

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2^d 4th ✓

1. Sex (state whether Male or Female)

Agel

2. Race or Color (if not of the white race)

White

3. Date of Birth

September 22nd 1877

4. Place of Birth (Street and Number)

191 W Pratt St

5. Full Name of Mother

Margaret A. Rogers

6. Mother's Maiden Name

" Laing

7. Mother's Birthplace

England

8. Full Name of Father

Lewis H. Rogers

9. Father's Occupation

Printer & Binder

10. Father's Birthplace

England

Name of Medical Attendant, or other Person who makes this Return.

J. Ridgway, M.D.

Address

1021 S. Dill St

Remarks

Not true healthy child in danger

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20767

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Sept. 22^d 1877
4. Place of Birth (Street and Number) 163 W. Lombard St. (Maternity)
5. Full Name of Mother Kate Heinaber
6. Mother's Maiden Name "
7. Mother's Birthplace Balto
8. Full Name of Father Unknown
9. Father's Occupation "
10. Father's Birthplace "
- Name of Medical Attendant, or other Person who makes this Return. Dr. Wm. Lombel
- Address 163 W. Lombard St.
- Remarks

RETURN OF A BIRTH.

20768

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY. September 24



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

September 22nd 1877

4. Place of Birth (Street and Number)

No 80 Wolfe St.

5. Full Name of Mother

Mary Giffprich

6. Mother's Maiden Name

Mary Hoffe

7. Mother's Birthplace

America

8. Full Name of Father

Anton Giffprich

9. Father's Occupation

Driver

10. Father's Birthplace

Germania

Name of Medical Attendant, or other Person who makes this return

Mrs M. Innes

Address

No 137. S. Wolfe Street

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20769



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1 child

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

colored

3. Date of Birth

22.7 Sept-1877

4. Place of Birth (Street and Number)

107 St. Thomas Ave

5. Full Name of Mother

Marah Blackwell

6. Mother's Maiden Name

7. Mother's Birthplace

Richmond Virginia

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Lucy Godney

Address

Remarks

1404 Pacific Avenue

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth September 22 1877
4. Place of Birth (Street and Number) 52 south Washington st.
5. Full Name of Mother ~~Ellen E. Fowler~~ Ellen E. Linthicum
6. Mother's Maiden Name Ellen E. Fowler
7. Mother's Birthplace Baltimore
8. Full Name of Father William S. Linthicum
9. Father's Occupation Engraver
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mary Conner 153 Choptank
- Address
- Remarks

advise at the birth of any child within the City of Baltimore, and report to the Registrar Monthly, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

20771

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth September 22^d 1877
4. Place of Birth (Street and Number) 351 Ramse St
5. Full Name of Mother Sofie Winkert
6. Mother's Maiden Name Sofie Eberlin
7. Mother's Birthplace Baltimore
8. Full Name of Father Alexander Winkert
9. Father's Occupation upholster
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs E Sinclair
- Address No 59 Fredrick St
- Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10 d.
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth September 22d 1897
4. Place of Birth (Street and Number) 282 N. Bondstreet
5. Full Name of Mother Karlene Hofman
6. Mother's Maiden Name Karl Helz
7. Mother's Birthplace German
8. Full Name of Father Johan Hofman
9. Father's Occupation Printer
10. Father's Birthplace German
- Name of Medical Attendant, or other Person who makes this Return. Maria A. Rudiger
- Address 282 N. Bondstreet
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20773

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3^d
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) _____
3. Date of Birth 22 September
4. Place of Birth (Street and Number) East Lombard Street No. 120
5. Full Name of Mother Mary Eliza both ~~Bianco~~ Ebeling
6. Mother's Maiden Name Ebeling
7. Mother's Birthplace Baltimore
8. Full Name of Father August Ebeling
9. Father's Occupation Boiler
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this return Leverson D. B. Labrousse
- Address 1226 E. Lombard St.
- Remarks _____

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)
2. Race or Color (if not of the white race)
3. Date of Birth
4. Place of Birth (Street and Number)
5. Full Name of Mother
6. Mother's Maiden Name
7. Mother's Birthplace
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

4
male
White
Sept 22. rd 1877
25 Eutting st
Anne Winters
Roberts
Balto
Winters
Laborer
Balto
Miss Ann Nash

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Sept 22 1877

4. Place of Birth (Street and Number)

126 Johnson St

5. Full Name of Mother

Mary Chambers

6. Mother's Maiden Name

Mary Feuerstein

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Chas. Chambers

9. Father's Occupation

Laborer

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs Ann Nash

Address

Remarks

RETURN OF A BIRTH.

20776

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5^d

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth September 22 ~ 1877

4. Place of Birth (Street and Number) 128 S Ann Street

5. Full Name of Mother Beetha Raug

6. Mother's Maiden Name " " Wohlfing

7. Mother's Birthplace Germany

8. Full Name of Father Lennochs Raug

9. Father's Occupation Seaman

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this return Mrs. Louise Craft

Address

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child as children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20777

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c) *8th*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race)

3. Date of Birth *September 22^d 1877*

4. Place of Birth (Street and Number) *10 211 S Bond str*

5. Full Name of Mother *M. Elizabeth Thieman*

6. Mother's Maiden Name *Morrmann*

7. Mother's Birthplace *City*

8. Full Name of Father *Frank Thieman*

9. Father's Occupation *Seaman*

10. Father's Birthplace *Germany*

Name of Medical Attendant, or other Person who makes this Return. *Elizabeth Buschmann*

Address *120 Bank str.*

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fifth

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

September 22nd 1877

4. Place of Birth (Street and Number)

No 25 E. Madison st

5. Full Name of Mother

Mary Holden

6. Mother's Maiden Name

Mary Malloy

7. Mother's Birthplace

Ireland

8. Full Name of Father

Richard Holden

9. Father's Occupation

Laborer

10. Father's Birthplace

Ireland

Name of Medical Attendant, or other Person who makes this Return.

Mrs Jane Winnebryer

Address...

23 N. Liberty st

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 child
1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) white
3. Date of Birth 12 September 1877
4. Place of Birth (Street and Number) St. Charles St.
5. Full Name of Mother Salvatore Miller
6. Mother's Maiden Name Miller
7. Mother's Birthplace Germany
8. Full Name of Father Bernard Miller
9. Father's Occupation night
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. _____
- Address 1125 N. E. St.
- Remarks 4 children

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not; the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 7266
 1. Sex (state whether Male or Female) Female
 2. Race or Color (if not of the white race) Yellow
 3. Date of Birth 27 of Sept 1877
 4. Place of Birth (Street and Number) 125 Thirley
 5. Full Name of Mother Ellis W. Lee
 6. Mother's Maiden Name Ellis Brown
 7. Mother's Birthplace Eastern Shore Maryland
 8. Full Name of Father George Washington W. Lee
 9. Father's Occupation Clerk
 10. Father's Birthplace Baltimore County
 Name of Medical Attendant, or other Person who makes this Return. Dr. Robert W. Allen
 Address 110 20 Thirley St
 Remarks Mother well child spring well

advise at the birth of any child, within six days of its birth, to the Registrar of Births, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20781

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *3 child*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *September 23 1877*
4. Place of Birth (Street and Number) *York St No 24*
5. Full Name of Mother *Mary Price*
6. Mother's Maiden Name *Mary Walsh*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Fitz-an Price*
9. Father's Occupation *Labourer*
10. Father's Birthplace *Baltimore*
Name of Medical Attendant, or other Person who makes this Return. *Mary E. Anderson*
Address *No 72 Hamburg St*
Remarks

advise at the birth of any child within the City of Baltimore, said report to the Registrar within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

20782

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Third

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

10th 45^m P.M. 23rd September, 1877.

4. Place of Birth (Street and Number)

482 N. Gay St Cor Cager, Balto City.

5. Full Name of Mother

Sarah Ann Albert

6. Mother's Maiden Name

Sarah Ann McPhail

7. Mother's Birthplace

Baltimore City

8. Full Name of Father

William Albert

9. Father's Occupation

Saloon Keeper

10. Father's Birthplace

Baltimore County

Name of Medical Attendant, or other Person who makes this Return.

Wm J. Dwyer M.D.

Address

83 Franklin St

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH. 20783

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Sept 23. 1877
4. Place of Birth (Street and Number) 458 N. Calhoun St
5. Full Name of Mother Virginia P McCabe
6. Mother's Maiden Name " P. Walker
7. Mother's Birthplace Accomac Co Va
8. Full Name of Father William H McCabe
9. Father's Occupation Sign Painter
10. Father's Birthplace New York
- Name of Medical Attendant, or other Person who makes this Return. A. Tinsley M.D.
- Address 18 Patterson St
- Remarks

RETURN OF A BIRTH.

20784

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether Male or Female) *female*

2. Race or Color (if not of the white race)

3. Date of Birth *23 Sept 1877*

4. Place of Birth (Street and Number) *30 N. Myron St*

5. Full Name of Mother *Lizzie Black*

6. Mother's Maiden Name *" Scherffling*

7. Mother's Birthplace *United States*

8. Full Name of Father *Charles H. Beach*

9. Father's Occupation *Art maker, Pearl*

10. Father's Birthplace *United States*

Name of Medical Attendant, or other Person who makes this return *Sarah Baynes*

Address *52 E Lombard St*

Remarks

advise of the birth of any child, within the city of Baltimore, when required to do so, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the city or municipality, when required to file regular returns, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20785

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who
makes this return.

Address

Remarks

advised at the birth of any child, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10 213

RETURN OF A BIRTH.

20786



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....
1. Sex (state whether Male or Female) *female*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *Sept. 23. 1877*
4. Place of Birth (Street and Number) *W. Wolf street No 52*
5. Full Name of Mother *Carrie Herrmann*
6. Mother's Maiden Name *Weer*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *420 Edward Herrmann*
9. Father's Occupation *Carpenter*
10. Father's Birthplace *Baltimore*
Name of Medical Attendant, or other Person who makes this return *Mr. Johann Brunsbach*
Address *W. Wolf street No 28*
Remarks *and wife*

20787

Remarks

... ihre Zeit in Germanien

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar and
within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children
born, its or their physical condition, whether still born or not, the full name, nativity, and residence
of the parent, and the maiden name of the mother of such child or children.

GIVEN NAME ADDED 9-22-54
RETURN OF A BIRTH.

20788

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



Estelle Genevieve Askey.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

first

1. Sex (state whether Male or Female)

female

2. Race or Color (if not of the white race)

white

3. Date of Birth

Sept 23^d 1877

4. Place of Birth (Street and Number)

159 Argyle St

5. Full Name of Mother

Mary Pauline Askey

6. Mother's Maiden Name

" Toward

7. Mother's Birthplace

Baltimore City

8. Full Name of Father

Joseph Askey

9. Father's Occupation

Merchant

10. Father's Birthplace

Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

D. E. Dauschmidt

Address

47 N. Broadway

Remarks

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20789

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



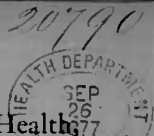
- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Sept 23 1877
4. Place of Birth (Street and Number) 402 1/2 Canton Ave
5. Full Name of Mother Maggie Shoorman
6. Mother's Maiden Name Maggie Houser
7. Mother's Birthplace Baltimore
8. Full Name of Father John Shoorman
9. Father's Occupation Labour
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Mrs Louisa Smith
- Address the child is Healthy
- Remarks Name of the Boy John Shoorman

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



Sept 23 1877

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Sept 23rd 1877
4. Place of Birth (Street and Number) 247 Eastern Ave
5. Full Name of Mother Maggie Gerstinger
6. Mother's Maiden Name Maggie Cook
7. Mother's Birthplace Germany
8. Full Name of Father John Gerstinger
9. Father's Occupation Confectionery
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this return Mrs. Mary Amend
- Address No. 137 No. 12
- Remarks 7

RETURN OF A BIRTH.

20792

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

First
Female
White

1. Sex (state whether Male or Female).

2. Race or Color (if not of the white race).

3. Date of Birth

Sept 28th 1877

4. Place of Birth (Street and Number)

367 N. Gay St.

5. Full Name of Mother

Sarah Rosenthal

6. Mother's Maiden Name

Sarah Rosenthal

7. Mother's Birthplace

Germany

8. Full Name of Father

Hiram Rosenthal

9. Father's Occupation

Storekeeping

10. Father's Birthplace

Russia

Name of Medical Attendant, or other Person who makes this Return.

Geo Wapson
18 Archibald St.

Address

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20793

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)
2. Race or Color (if not of the white race)
3. Date of Birth
4. Place of Birth (Street and Number)
5. Full Name of Mother
6. Mother's Maiden Name
7. Mother's Birthplace
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this return

Address

Remarks

1st
Female
White
Sept 23rd 1877
242 S. Bathy St
Mary E. Ruppel
Mary E. Steiner
Connecticut
Michael Ruppel
Laborer
Baltimore
Theodore Cooke M.D.

advise at the birth of any child, within the city of Baltimore, Maryland, and the date of birth, sex, and color of the child or children within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children, and the residence of the parent, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

207911

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) 111
3. Date of Birth 23 September 1877
4. Place of Birth (Street and Number) 90 Canal St.
5. Full Name of Mother Kate Pfeiffer
6. Mother's Maiden Name Wheeler
7. Mother's Birthplace Massachusetts
8. Full Name of Father Geo. Pfeiffer
9. Father's Occupation Carriage Maker
10. Father's Birthplace U. S. States
Name of Medical Attendant, or other Person who makes this return Sarah Cooper
Address 512 E. Lombard
Remarks

save at the birth of any child, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20795

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *second. child*
1. Sex (state whether Male or Female) *boy*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *September. 23*
4. Place of Birth (Street and Number) *108 Boston Street*
5. Full Name of Mother *Elizabeth Winkelman*
6. Mother's Maiden Name *Elizabeth Stillberg*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Deitrich Winkelman*
9. Father's Occupation *Restaurant keeper*
10. Father's Birthplace *Germany*
Name of Medical Attendant, or other Person who makes this Return. *Louisa Wiley*
Address *No 12 Patton Park. arnew*
Remarks

advise at the birth of any child, within the city & limits, their name, date of birth, sex, and color of the child or children within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children, and residence born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *fourth - Chaslet.*
1. Sex (state whether Male or Female) *boy.*
2. Race or Color (if not of the white race) *white.*
3. Date of Birth *September. 2.3*
4. Place of Birth (Street and Number) *Boston. Arnew.*
5. Full Name of Mother *Christina. Baker.*
6. Mother's Maiden Name *Christina. Smith.*
7. Mother's Birthplace *Bremen.*
8. Full Name of Father *George. Smith.*
9. Father's Occupation *Painter.*
10. Father's Birthplace *Germany.*
- Name of Medical Attendant, or other Person who makes this Return. *George. Welles.*
- Address *No 12 Patton. Park arnew*
- Remarks

Report to the Registrar of Births, Deaths, and Marriages, within the City of Baltimore, shall report to the Registrar of Births, Deaths, and Marriages, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20797

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *23 of Sep*
4. Place of Birth (Street and Number) *Prigby no 23*
5. Full Name of Mother *Glennadien Stanton*
6. Mother's Maiden Name *Glennadien Elford*
7. Mother's Birthplace *Laural Factory*
8. Full Name of Father *John A. Stanton*
9. Father's Occupation *Coal Business*
10. Father's Birthplace *Baltimore County*
- Name of Medical Attendant, or other Person who makes this Return. *Frances Conk*
- Address *No. 16 Lenally*
- Remarks *C r*

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20798

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2cd. 1
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth September 23. rd.
4. Place of Birth (Street and Number) No. 570 N. Gay Street
5. Full Name of Mother Maria Peters
6. Mother's Maiden Name Maria Mahony
7. Mother's Birthplace Baltimore
8. Full Name of Father George Peter
9. Father's Occupation Cash. Maker.
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return Mrs. M. A. Butt.
- Address No. 181 N. Central av.
- Remarks All Well.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth 23rd Septbr 77.
4. Place of Birth (Street and Number) S. Fred. St.
5. Full Name of Mother Margaretha J. Turner
6. Mother's Maiden Name " Schmelz
7. Mother's Birthplace Balto.
8. Full Name of Father John M. Turner
9. Father's Occupation Schmied
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return Mrs. Summiller
- Address No. 60 N. Schroeder
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar at least within six days thereafter, stating distinctly the date of birth, sex, and color of the child or child born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20800

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Irish

3. Date of Birth Sept 23.77

4. Place of Birth (Street and Number) 229 Pennwal

5. Full Name of Mother Catherine Ward

6. Mother's Maiden Name Gorman

7. Mother's Birthplace London Eng

8. Full Name of Father J Ward

9. Father's Occupation ?

10. Father's Birthplace ?

Name of Medical Attendant, or other Person who makes this Return.

L. M. Eastman

Address

319 Ave

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20801

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

9th
Female

1. Sex (state whether Male or Female)

White

2. Race or Color (if not of the white race)

September 24, 1877

3. Date of Birth

S. N. Gay St.

4. Place of Birth (Street and Number)

Emma Louisa Reinhardt

5. Full Name of Mother

Emma Louisa Bell

6. Mother's Maiden Name

Maryland

7. Mother's Birthplace

Louis Ambrose Reinhardt

8. Full Name of Father

Hotel Keeper

9. Father's Occupation

Maryland

10. Father's Birthplace

D. W. Henck Md.

Name of Medical Attendant, or other Person who makes this Return.

75 E. Baltimore St.

Address

Remarks

Give name at the birth of any child, stating the city or township, near which the child was born, its sex, and color of the child or children, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20802

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Sept 24th 1877*
4. Place of Birth (Street and Number) *Baltimore Parkin St No 113*
5. Full Name of Mother *Emma Woodward*
6. Mother's Maiden Name *Emma Benson*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Beliver Woodward*
9. Father's Occupation *Painter*
10. Father's Birthplace *Richmond*
- Name of Medical Attendant, or other Person who makes this return *Mrs. C. Mitchell*
- Address *No 129 Parkin St*
- Remarks

advise at the birth of any child, within the city of Baltimore, what the day of birth, sex, and color of the child or children within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2^d
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Caucasoid
3. Date of Birth 24th Sep. 1877
4. Place of Birth (Street and Number) 105 North St
5. Full Name of Mother Laura W. Chester
6. Mother's Maiden Name Laura W. Chester-Turant
7. Mother's Birthplace Baltimore
8. Full Name of Father Thomas W. Chester
9. Father's Occupation Post Office Baltimore City
10. Father's Birthplace Baltimore City
- Name of Medical Attendant, or other Person who makes this Return. May Walth
- Address 123 W. Caroline St
- Remarks

to be filled at the birth of any child, within the first six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No 214

RETURN OF A BIRTH.

20804

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th 1111

1. Sex (state whether Male or Female)

female

2. Race or Color (if not of the white race)

white

3. Date of Birth

Sept. 24. 1877

4. Place of Birth (Street and Number)

W. Dallas str No 243

5. Full Name of Mother

Justine Sauer

6. Mother's Maiden Name

Criegel

7. Mother's Birthplace

Wackenzell near Hossen

8. Full Name of Father

Hilbert Sauer

9. Father's Occupation

Potscher

10. Father's Birthplace

Wackenzell near Hossen

Name of Medical Attendant, or other Person who makes this return

Dr. Johann Brangsch

Address

South Wolf str 1.28

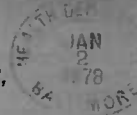
Remarks

unswife

native at the birth of any child within the City of Baltimore, shall report to the Registrar within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

20803



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Sept. 24, 1877
4. Place of Birth (Street and Number) 114 S. Fulton St.
5. Full Name of Mother Maria T. Riley
6. Mother's Maiden Name Lewis
7. Mother's Birthplace Baltimore
8. Full Name of Father Samuel H. Riley
9. Father's Occupation Painter
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

John Hood, M.D.
2 N. Carey St.

This child suffered for a day or two from strangulation, the cord having been wrapped 5 times around the neck.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20806

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8th Child

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

3. Date of Birth

Sept 24th 1877

4. Place of Birth (Street and Number)

No. 187 William St.

5. Full Name of Mother

Wilhelmine Krebs.

6. Mother's Maiden Name

Gahr.

7. Mother's Birthplace

Germany.

8. Full Name of Father

John Krebs.

9. Father's Occupation

Barber.

10. Father's Birthplace

Germany.

Name of Medical Attendant, or other Person who makes this Return.

J. Lohmeyer M.D.

Address

213 Cross St.

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3. d.*
1. Sex (state whether Male or Female) *Female.*
2. Race or Color (if not of the white race)
3. Date of Birth *September 24th 1877*
4. Place of Birth (Street and Number) *Herret. A. no. Number*
5. Full Name of Mother *Lizzie Wickivorth*
6. Mother's Maiden Name *Lizzie Schmelt.*
7. Mother's Birthplace *Shasburg Pa.*
8. Full Name of Father *William Wickivorth*
9. Father's Occupation *labor*
10. Father's Birthplace *Baltimore Md.*
- Name of Medical Attendant, or other Person who makes this Return. *Dorothea Brune*
- Address *114 Battery St.*
- Remarks

RETURN OF A BIRTH.

20808

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2. d.*

1. Sex (state whether Male or Female) *Male.*

2. Race or Color (if not of the white race)

3. Date of Birth

September 24th 1877

4. Place of Birth (Street and Number)

Johnson Street No 172

5. Full Name of Mother

Mary Koerner

6. Mother's Maiden Name

Mary Osterdorf

7. Mother's Birthplace

Germany

8. Full Name of Father

John Koerner

9. Father's Occupation

Butcher

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return

Parothena Bruene

Address

114 Battery St.

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*

1. Sex (state whether Male or Female) _____
2. Race or Color (if not of the white race) *White*
3. Date of Birth *September the 24. 1877*
4. Place of Birth (Street and Number) *S. Bond St. No. 182.*
5. Full Name of Mother *Mandy Sehlereth*
6. Mother's Maiden Name *Mandy Lentz*
7. Mother's Birthplace *Bucks County, A. Persilvania America*
8. Full Name of Father *Joseph Sehlereth*
9. Father's Occupation *Baskets Maker*
10. Father's Birthplace *Baltimore City*

Name of Medical Attendant, or other Person who makes this return

Address *N. Dallas St. No. 26.*

Remarks _____

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20810

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *one Child one mother*
1. Sex (state whether Male or Female) *male & child*
2. Race or Color (if not of the white race). *Colored race*
3. Date of Birth *Sept the 24. 1877*
4. Place of Birth (Street and Number) *Durham St 88*
5. Full Name of Mother *Florance Ross*
6. Mother's Maiden Name *Florance Gincy*
7. Mother's Birthplace *Harford County md*
8. Full Name of Father *Thomas Ross*
9. Father's Occupation *Seaman*
10. Father's Birthplace *Dorchester County N. S.*
- Name of Medical Attendant, or other Person who makes this Return. *Lucinda Woolford*
- Address *Eggeston St 130 Baltimore md*
- Remarks

active at the birth of any child, within the City of Baltimore, under report to the Registrar, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20811



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 24 Sep
4. Place of Birth (Street and Number) 113 Eager St
5. Full Name of Mother Isabella Martin
6. Mother's Maiden Name Mooney
7. Mother's Birthplace Ireland
8. Full Name of Father John Martin
9. Father's Occupation Boat Painter
10. Father's Birthplace Ireland
- Name of Medical Attendant, or other Person who makes this return Mrs. C. J. Chapman
- Address No 7 Garrett Place
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

208121

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 24 Sep
4. Place of Birth (Street and Number) No 7 Dannelly Court
5. Full Name of Mother Ellen Garrison
6. Mother's Maiden Name Gallahan
7. Mother's Birthplace Ireland
8. Full Name of Father Bernard Garrison
9. Father's Occupation Philadelphia
10. Father's Birthplace Carpenter
- Name of Medical Attendant, or other Person who makes this return Mrs. J. Garrison
- Address No 7 Dannelly Place
- Remarks

advise at the birth of any child within the City of Baltimore, and report to the Registrar, immediately, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20813

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *first*

1. Sex (state whether Male or Female) *female*

2. Race or Color (if not of the white race)

3. Date of Birth *Sept 21*

4. Place of Birth (Street and Number) *range 10000 Be County*

5. Full Name of Mother *Henrietta Kelli*

6. Mother's Maiden Name *Henrietta Myland*

7. Mother's Birthplace *Germany*

8. Full Name of Father *Charles M Kelli*

9. Father's Occupation *Miller man*

10. Father's Birthplace *Be County 12 District*

Name of Medical Attendant, or other Person who makes this Return. *H. E. Grosvenor*

Address *174 Gough St*

Remarks *do ins. well*

advise at the birth of any child, within the City of Baltimore, and report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY. *Sept 23 77*



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*
1. Sex (state whether Male or Female) *Female*
 2. Race or Color (if not of the white race) *White*
 3. Date of Birth *Sept 24 1877*
 4. Place of Birth (Street and Number) *24th Eastern Ave.*
 5. Full Name of Mother *Barbara Pöhner*
 6. Mother's Maiden Name *Barbara Bann*
 7. Mother's Birthplace *America*
 8. Full Name of Father *Johann Pöhner*
 9. Father's Occupation *Sailor*
 10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this return *Mrs. Mary Reed*
- Address *1717 N. St.*
- Remarks *A*

a wife at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20815

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 24 September
4. Place of Birth (Street and Number) 191 Baltimore Street
5. Full Name of Mother Anna Smilger
6. Mother's Maiden Name Heim
7. Mother's Birthplace Baltimore
8. Full Name of Father John Smilger
9. Father's Occupation Confessional
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Sophia Simon
- Address No 70 South Street
- Remarks

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Sixth

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Sept 24th 1877

4. Place of Birth (Street and Number)

263 E Madison

5. Full Name of Mother

Elizabeth Letting

6. Mother's Maiden Name

Elizabeth Mithell

7. Mother's Birthplace

Baltimore Md

8. Full Name of Father

Charles Marion Letting

9. Father's Occupation

Wagoner

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Geo W Mayson

Address

Remarks

Period of gestation 7 months. Child imperfect.

Abdominal injury absent from ensiform cartilage to Os Pubis.
Letting Lived 7 hours & 20 mins.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20817

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether ~~Male~~ or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

First
Female
White
Sept 24 1877
75 - Harford St.
Mary Athalia Valentine
Mary Athalia McEaw
Pennsylvania
John William Valentine
Switch Tender
Baltimore
Geo W Mayson

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20818

To the Office of Registrar of Vital Statistics, Board of
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

First child

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

Caucasian

3. Date of Birth

24th Sept.

4. Place of Birth (Street and Number)

Hamburg St 3248

5. Full Name of Mother

Gertrude Bitt

6. Mother's Maiden Name

Gertrude Bitt

7. Mother's Birthplace

Eastern Shore Va.

8. Full Name of Father

George Bitt

9. Father's Occupation

Brick Maker

10. Father's Birthplace

Eastern Shore Va.

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Lucy W. Bitt
124 S. Calver St.

to be filled out by the Registrar of Baltimore, and report to the Registrar of Baltimore, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

to be filled out at the birth of any child, within the city of Baltimore, and report to the Registrar within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race)

3. Date of Birth *24 September 1877*

4. Place of Birth (Street and Number) *26 Canal St.*

5. Full Name of Mother *Margaret Marx*

6. Mother's Maiden Name *Leichy*

7. Mother's Birthplace *U. States of America*

8. Full Name of Father *John W. Marx*

9. Father's Occupation *carver*

10. Father's Birthplace *U. States of America*

Name of Medical Attendant, or other Person who makes this return *Dorothy Parker*

Address *326 Denbigh St.*

Remarks

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

20820



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Child.

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Sept. 24, 1877

4. Place of Birth (Street and Number)

131 S. High St.

5. Full Name of Mother

Ida K. Price

6. Mother's Maiden Name

Ida K. Kirkpatrick

7. Mother's Birthplace

Detroit, Mich.

8. Full Name of Father

Mr. J. Price

9. Father's Occupation

Livery Stable Keeper

10. Father's Birthplace

Alexandria Va.

Name of Medical Attendant, or other Person who makes this Return.

Dr. J. Sewell M.D.
124 Carrollton Ave.

Address

Remarks

Child Healthy

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) _____
3. Date of Birth September 24th
4. Place of Birth (Street and Number) 213 Bank St
5. Full Name of Mother Katherine McGrath
6. Mother's Maiden Name Butler
7. Mother's Birthplace Ireland
8. Full Name of Father Patrick McGrath
9. Father's Occupation Block Maker
10. Father's Birthplace Ireland
- Name of Medical Attendant, or other Person who makes this Return. Mrs James Knowles
- Address 212 Eastern ave Md
- Remarks _____

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20822

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *Sept 24. 77*
4. Place of Birth (Street and Number) *369 Sinaloga near Fennell*
5. Full Name of Mother *Harriet Alice Wallis*
6. Mother's Maiden Name *Steele*
7. Mother's Birthplace *Ches Clarkeburg W. Va.*
8. Full Name of Father *Thos. P. Wallis*
9. Father's Occupation *Commission Merchant*
10. Father's Birthplace *England*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. P. Ashman*
- Address *349 Level*
- Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20823

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Sept. 25th 1877
4. Place of Birth (Street and Number) Baltimore Reinhardt St No. 1
5. Full Name of Mother Maggie Pennington
6. Mother's Maiden Name Whiskey
7. Mother's Birthplace Baltimore
8. Full Name of Father John Pennington
9. Father's Occupation Labour
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this return Mrs. C. Mitchell
- Address No. 123 Parkin St
- Remarks

active at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

208214

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Sept 25th 1877*
4. Place of Birth (Street and Number) *Baltimore Ramsey St. No. 29*
5. Full Name of Mother *Ida Connely*
6. Mother's Maiden Name *Ida Jones*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *John Connely*
9. Father's Occupation *Labourer*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this return *Med. G. Mitchell*
- Address *No. 122 Parker St*
- Remarks

RETURN OF A BIRTH.

20825

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth (4)*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Sept 25th 1877*
4. Place of Birth (Street and Number) *388 E Monument St*
5. Full Name of Mother *Augusta Embursle*
6. Mother's Maiden Name *Augusta Skipper*
7. Mother's Birthplace *Baltimore Co. Md.*
8. Full Name of Father *Geo Edwin Embursle*
9. Father's Occupation *Reporter "Daily News"*
10. Father's Birthplace *Alexandria Va*
- Name of Medical Attendant, or other Person who makes this Return. *Amanda Marine*
- Address *323 E Monument St*
- Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar, within 48 days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth 25 Sep
4. Place of Birth (Street and Number) No 18 Constitution St
5. Full Name of Mother Margaret Sligh
6. Mother's Maiden Name O'Brien
7. Mother's Birthplace Baltimore
8. Full Name of Father Edward Sligh
9. Father's Occupation Police Officer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this return Mrs. J. H. Miller
- Address No 7 Forrest Place
- Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th child*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *25 Sept 1877*
4. Place of Birth (Street and Number) *35 Thillin St*
5. Full Name of Mother *Anna McDermott*
6. Mother's Maiden Name *Anna McNeill*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *James McDermott*
9. Father's Occupation *Salon*
10. Father's Birthplace *Ireland*
- Name of Medical Attendant, or other Person who makes this return *Mrs Eliza Fleming*
- Address *97 Adlemare*
- Remarks *Baltimore Md*

advise at the birth of any child, within the City of Baltimore, and report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20828

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Sept 23rd 1877

4. Place of Birth (Street and Number) 243 Ann St.

5. Full Name of Mother Minnie Taylor

6. Mother's Maiden Name Minnie Ressler

7. Mother's Birthplace Germany

8. Full Name of Father John Taylor

9. Father's Occupation Sailor

10. Father's Birthplace America

Name of Medical Attendant, or other Person who makes this return

Mrs. Mary Ann

Address No 137 N. 11th St.

Remarks

advise at the birth of any child, within the City of Baltimore, and report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Sept 25th 1877*
4. Place of Birth (Street and Number) *No 454 Monument*
5. Full Name of Mother *Catharina Franz*
6. Mother's Maiden Name *Catharina Bauche*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Peter Franz*
9. Father's Occupation *Tailor*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this return *Hena Lillegist*
- Address *No 182 Monument. st.*
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



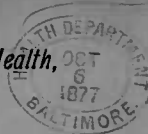
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *10th*
1. Sex (state whether Male or Female) *Female.*
2. Race or Color (if not of the white race) *White.*
3. Date of Birth *Sept 25th 1877.*
4. Place of Birth (Street and Number) *No 471 Central Bv.*
5. Full Name of Mother *Maggi Kohlhepp.*
6. Mother's Maiden Name *Maggi Kraus.*
7. Mother's Birthplace *Germany.*
8. Full Name of Father *Valentine Kohlhepp.*
9. Father's Occupation *Blacksmith.*
10. Father's Birthplace *Germany.*
- Name of Medical Attendant, or other Person who makes this return *Hena McIllegist.*
- Address *No 182 Monument St.*
- Remarks

to be filled out by the Registrar, and report to the Registrar, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20831

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Third*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Apr 25th 1877*
4. Place of Birth (Street and Number) *218 Forest St.*
5. Full Name of Mother *Jane Ann Rutledge*
6. Mother's Maiden Name *Jane Ann Pool*
7. Mother's Birthplace *New Jersey*
8. Full Name of Father *Charles Wm Rutledge*
9. Father's Occupation *Brass Finisher*
10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

W. M. Collins M.D.
369 W. Lombard St.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Sept. 25. 1877
4. Place of Birth (Street and Number) # 252 Stanham Str.
5. Full Name of Mother Kate W. Watson
6. Mother's Maiden Name Kate Whaley
7. Mother's Birthplace Maryland
8. Full Name of Father Frank Watson
9. Father's Occupation Musician
10. Father's Birthplace New York
- Name of Medical Attendant, or other Person who makes this Return. Mrs Mary C. Simms
- Address # 203 Washington Str
- Remarks J.P.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Male 6*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *25th of Sep.*
4. Place of Birth (Street and Number) *42 Robert St. Locust Point*
5. Full Name of Mother *Cristine Fly*
6. Mother's Maiden Name *Schnebelen*
7. Mother's Birthplace *France*
8. Full Name of Father *John Fly*
9. Father's Occupation *Carpenter*
10. Father's Birthplace *Baden*
- Name of Medical Attendant, or other Person who makes this Return.
- Address *Margret E. Mel.*
- Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Male 2*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *25 September*
4. Place of Birth (Street and Number) *32 Burrough Street Locust Pk.*
5. Full Name of Mother *Margaret Hoeck*
6. Mother's Maiden Name *Margaret Allen*
7. Mother's Birthplace *Baltimore Md*
8. Full Name of Father *Henry Hoeck*
9. Father's Occupation *Labour*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return.
- Address *Margaret Etzel*
- Remarks

Notice: at the birth of any child, within the City of Baltimore, said report to the Registrar, to be made within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20835

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

25th Sept 2 1877

4. Place of Birth (Street and Number)

Park & Delaer

5. Full Name of Mother

E. Elizabeth Wash & Martins

6. Mother's Maiden Name

" "

7. Mother's Birthplace

Balt

8. Full Name of Father

Alfred Martins

9. Father's Occupation

Wagon

10. Father's Birthplace

Prussia

Name of Medical Attendant, or other Person who makes this Return.

C. B. E. Smith

Address

108 Cathedral Street

Remarks

within six days thereafter, stating distinctly the date of birth, sex, an color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20836

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth
Female

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

White

3. Date of Birth

September 25th 1877

4. Place of Birth (Street and Number)

No. 108. N. Eden Street

5. Full Name of Mother

Elizabeth Stearnley

6. Mother's Maiden Name

Elizabeth Walter

7. Mother's Birthplace

Baltimore City

8. Full Name of Father

Archibald Stearnley

9. Father's Occupation

Cigar maker

10. Father's Birthplace

Baltimore City

Name of Medical Attendant, or other Person who makes this Return

Mr. M. A. B. B. B.

Address

101 St. N. Central av.

Remarks

All well

advice at the birth of any child, within the city of Baltimore, must report to the Registrar, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Sept. 26th 1877
4. Place of Birth (Street and Number) 108 Broadway St.
5. Full Name of Mother Mary Spencer
6. Mother's Maiden Name Miller
7. Mother's Birthplace Baltimore
8. Full Name of Father Frank Spencer
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore
Name of Medical Attendant, or other Person who makes this return Thos. R. R. R.
Address 228 S. Calver St.
Remarks

advise at the birth of any child within the City of Baltimore, shall report to the registrar, immediately, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20838

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Negro
3. Date of Birth Sept. 26th 77
4. Place of Birth (Street and Number) No. 48 Greenwillow St.
5. Full Name of Mother Mary Sprigg
6. Mother's Maiden Name Mary Wilson
7. Mother's Birthplace Baltimore City
8. Full Name of Father Thomas Sprigg
9. Father's Occupation Writer
10. Father's Birthplace Virginia
- Name of Medical Attendant, or other Person who makes this Return. J. B. Gardner M. D.
- Address 120 N. Greene St.
- Remarks

Notice at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th Child*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) _____
3. Date of Birth *Sept 26th 1877*
4. Place of Birth (Street and Number) *No 24 James alley*
5. Full Name of Mother *Mary Kräiser*
6. Mother's Maiden Name *Giner*
7. Mother's Birthplace *Germany.*
8. Full Name of Father *Gustav Kräiser*
9. Father's Occupation *Butcher*
10. Father's Birthplace *Germany.*
- Name of Medical Attendant, or other Person who makes this Return. *J. Schlegel midwife*
- Address *213 Cross st.*
- Remarks _____

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20840

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *3rd. child.*

1. Sex (state whether Male or Female) _____

2. Race or Color (if not of the white race) *White*

3. Date of Birth *26th Sept.*

4. Place of Birth (Street and Number) *198 S. Cutaw St.*

5. Full Name of Mother *Elizabeth Schick*

6. Mother's Maiden Name *Elizabeth Kirsch*

7. Mother's Birthplace *Richmond, Va.*

8. Full Name of Father *Charles Wm. Schick*

9. Father's Occupation *Bookbinder*

10. Father's Birthplace *Germany*

Name of Medical Attendant, or other Person who makes this Return. _____

Address _____

Remarks *Lucy W. Schick*
134 S. Cutaw St.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20841

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth (2nd)
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth September 26th, 1877
4. Place of Birth (Street and Number) No. 271 East Pratt Street
5. Full Name of Mother Mrs. Martha J. Gambrell
6. Mother's Maiden Name Miss Martha J. Sapp
7. Mother's Birthplace Baltimore, Md.
8. Full Name of Father Mr. James H. Gambrell
9. Father's Occupation Sea Captain
10. Father's Birthplace Baltimore Md.
- Name of Medical Attendant, or other Person who makes this Return. Wm. A. Glendiner M.D.
- Address No. 102 North Broadway
- Remarks

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20842

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

10th

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

White

3. Date of Birth

Sept 26th

4. Place of Birth (Street and Number)

649 Penna Ave

5. Full Name of Mother

Lavinia Brittain

6. Mother's Maiden Name

Lavinia Lukens

7. Mother's Birthplace

Philadelphia

8. Full Name of Father

John Brittain

9. Father's Occupation

Butter Dealer

10. Father's Birthplace

England

Name of Medical Attendant, or other Person who makes this Return.

Chas E Sadler M.D.

Address

649 Penna Ave

Remarks

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

20843

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Sept 26th 1877
4. Place of Birth (Street and Number) 288 N. Cayab Str
5. Full Name of Mother Catherine Parr
6. Mother's Maiden Name Dawson
7. Mother's Birthplace Bavaria
8. Full Name of Father Conrad Parr
9. Father's Occupation Sailor
10. Father's Birthplace Bavaria
Name of Medical Attendant, or other Person who makes this Return. Dr. S. S. Sharp
Address 29. S. Sharp St
Remarks

to be filed in the office of any child, within the day of its birth, and report to the Registrar of Births, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Sept 26th 1877*
4. Place of Birth (Street and Number) *163 W. Lombard St. (Maternity!)*
5. Full Name of Mother *Sophy Schmitt*
6. Mother's Maiden Name *"*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Unknown*
9. Father's Occupation *" "*
10. Father's Birthplace *" "*
- Name of Medical Attendant, or other Person who makes this Return. *D. W. Lombel*
- Address *163 W. Lombard St.*
- Remarks

Advise of the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20845

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Sept 26 - 1877

4. Place of Birth (Street and Number)

113 Ross St

5. Full Name of Mother

Caroline Meier

6. Mother's Maiden Name

Hahnemann

7. Mother's Birthplace

Baltimore Md

8. Full Name of Father

Henry Meier

9. Father's Occupation

Stone Cutter

10. Father's Birthplace

Schütz Hesse Darmstadt Germany

Name of Medical Attendant, or other Person who makes this Return.

Dr. P. A. Mearns

Address

87 Mulberry St

Remarks

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20846

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c) 10th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth Sept 26th 1877

4. Place of Birth (Street and Number) 322 S Bond St

5. Full Name of Mother Barbara Klingelhoefer

6. Mother's Maiden Name " Regner

7. Mother's Birthplace Germany

8. Full Name of Father Louis Klingelhoefer

9. Father's Occupation Laborer

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Buschmann

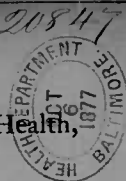
Address 120 Bond St

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

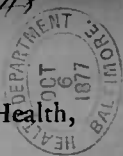


- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race) White
3. Date of Birth Sept. 26 1877
4. Place of Birth (Street and Number) P.O. 175 Forrest st.
5. Full Name of Mother Mary Martian.
6. Mother's Maiden Name Mary Surman.
7. Mother's Birthplace Thomas Martian Ireland.
8. Full Name of Father Thomas Martian
9. Father's Occupation Engineer
10. Father's Birthplace Ireland
- Name of Medical Attendant, or other Person who makes this return Lena Heilgeist.
- Address No 182 monument st
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20848



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Sept 26th 1877.*
4. Place of Birth (Street and Number) *Monument st. (Butcher Hill)*
5. Full Name of Mother *Mary Shroutner.*
6. Mother's Maiden Name *Mary Eigner*
7. Mother's Birthplace *Baltimore.*
8. Full Name of Father *Leahart Shroutner.*
9. Father's Occupation *Butcher.*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this return *Geo. Holliger*
- Address *No. 182 Monument st.*
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar ~~moreover~~, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20849

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *September 26th 1877*

4. Place of Birth (Street and Number) *No 92 N Charles St*

5. Full Name of Mother *Ella Jamet*

6. Mother's Maiden Name *Ella Johnson*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *Edward Jamet*

9. Father's Occupation *Dentist*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return.

Address *N 114 Park Ave*

Remarks

J. W. L. J. L. J. L.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20850

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *3rd*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Sept 26th 1877*
4. Place of Birth (Street and Number) *No. 31 West Lombard St.*
5. Full Name of Mother *Augusta Schlichter*
6. Mother's Maiden Name *Aug. Sch. Hainsburg*
7. Mother's Birthplace *Schwartzburg Germany*
8. Full Name of Father *Ernst Schlichter*
9. Father's Occupation *Merchant Tailor*
10. Father's Birthplace *Schwartzburg*
Name of Medical Attendant, or other Person who makes this Return. *Chas. J. Fullenkamp*
Address *No 569 West Lombard St.*
Remarks *Living well.*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20857

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1 d.

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

September 26 d. 1877

4. Place of Birth (Street and Number)

221 N. Bond St.

5. Full Name of Mother

Charlotte Hinkel

6. Mother's Maiden Name

Char. Rane

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Johan Hinkel

9. Father's Occupation

Barber

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

M. R. Rudiger

Address

134 N. Bond St.

Remarks

At the birth of any child, within the City of Baltimore, shall report to the Registrar of Health, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th child*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) _____
3. Date of Birth *Sept 26th 1877*
4. Place of Birth (Street and Number) *No 80 Johnson st.*
5. Full Name of Mother *Lina Richard*
6. Mother's Maiden Name *Shimweg*
7. Mother's Birthplace *America*
8. Full Name of Father *Anton Richard*
9. Father's Occupation *Bricklayer*
10. Father's Birthplace *America*
Name of Medical Attendant, or other Person who makes this Return. *J. Kobegasan midwife*
Address *213 Cross st.*
Remarks _____

to be at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20853

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this return

Address

Remarks

3rd
Female
White
Sept. 26th 1877
13 Camden St
Celia Pfefferkorn
Celia Enckin
Baltimore Md
Levi Pfefferkorn
Ship & Truck
Prussian
Theodore Cook M.D.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20854

To the Office of Registrar of Vital Statistics, Board of
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *September 11th 1877*
4. Place of Birth (Street and Number) *1277 Sharp Street*
5. Full Name of Mother *Margaretha Kesselbacher*
6. Mother's Maiden Name *" " " Schäffer*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Carl Kesselbacher*
9. Father's Occupation *Silversmith*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this return *Catharina Münch*
- Address *74 Leadenhall Street*
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20853

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Sept 26 1877
4. Place of Birth (Street and Number) 146 Lancaster st
5. Full Name of Mother Marg Spice
6. Mother's Maiden Name Marg Herington
7. Mother's Birthplace Ireland
8. Full Name of Father William Spice
9. Father's Occupation labor
10. Father's Birthplace Ireland
- Name of Medical Attendant, or other Person who makes this Return. Wm C King - Dr. Fittley
- Address 193 Chester St
- Remarks Healthy OK

notice at the birth of any child, within the City of Baltimore, and report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



20856

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

3. Date of Birth

Sept 26th 1874

4. Place of Birth (Street and Number)

No 20 Bond St Baltimore

5. Full Name of Mother

Israh Elizabeth Scott

6. Mother's Maiden Name

Rand

7. Mother's Birthplace

Westchester Conn

8. Full Name of Father

Joseph Morris

9. Father's Occupation

Teacher

10. Father's Birthplace

Westfield Conn

Name of Medical Attendant, or other Person who makes this Return.

Mrs Jane Winneberger

Address

23 N Liberty St

Remarks

in case at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) _____
3. Date of Birth 26. September 1877
4. Place of Birth (Street and Number) 46. Eastern Ave.
5. Full Name of Mother Eliza Mahan
6. Mother's Maiden Name Bennings
7. Mother's Birthplace Ireland
8. Full Name of Father John Mahan
9. Father's Occupation Carpenter
10. Father's Birthplace Ireland
- Name of Medical Attendant, or other Person who makes this return Sarah Barker
- Address 536. Denmark.
- Remarks _____

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20838

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race)
3. Date of Birth 26 September 1877
4. Place of Birth (Street and Number) 46 1/2 E. St.
5. Full Name of Mother Kate Ottensmuhl
6. Mother's Maiden Name Rickert
7. Mother's Birthplace W. Stater
8. Full Name of Father Geo. Ottensmuhl
9. Father's Occupation Laborer
10. Father's Birthplace W. Stater
Name of Medical Attendant, or other Person who makes this return Sarah Casper
Address 528 E. Lombard
Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) _____
3. Date of Birth 26 September 1877
4. Place of Birth (Street and Number) 14 Cornet St.
5. Full Name of Mother Elizabeth Cole
6. Mother's Maiden Name Collett
7. Mother's Birthplace W. States
8. Full Name of Father Wm Cole
9. Father's Occupation Laborer
10. Father's Birthplace W. States
- Name of Medical Attendant, or other Person who makes this return Sarah Gasper
- Address 53 E. Cornet St.
- Remarks _____

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20860

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~)

1. Sex (~~state whether Male or Female~~)

2. Race or Color (~~if not of the white race~~)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Sept 16th
2 Lombard St
Alice S. Reiley
"Sapp"
Balto
Jas H. Reiley
Fireman
Balto
A. Leg. Sherket
115 N. High St
Assisted by Drs Bate & Maynard

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *September 26. th.*
4. Place of Birth (Street and Number) *No 230 Wolfe. St.*
5. Full Name of Mother *Kate Amos*
6. Mother's Maiden Name *Kate Gunthorpe*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Charles Amos*
9. Father's Occupation *Boatman.*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. M. A. Butt*
- Address *No. 181 N. Central ave.*
- Remarks *Father Well.*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20862

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

No 5.

1. Sex (state whether Male or Female)

2. Race or Color (if ~~not of the~~ white race)

3. Date of Birth

August 26th 1877.

4. Place of Birth (Street and Number)

No 406 E Fayette, Balto.

5. Full Name of Mother

E I. Meekles

6. Mother's Maiden Name

E I. Loocher.

7. Mother's Birthplace

New York

8. Full Name of Father

James Meekles

9. Father's Occupation

Clerk

10. Father's Birthplace

Scotland

Name of Medical Attendant, or other Person who makes this Return.

E Redway, Andro

Address

No 121 E Fayette st

Remarks

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) General
3. Date of Birth 26 September 1877
4. Place of Birth (Street and Number) 15 Douglas
5. Full Name of Mother Lilla Smith
6. Mother's Maiden Name W
7. Mother's Birthplace Baltimore
8. Full Name of Father _____
9. Father's Occupation _____
10. Father's Birthplace and married
- Name of Medical Attendant, or other Person who makes this Return. Thos. H. H. H.
- Address _____
- Remarks as before

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) _____
3. Date of Birth Wednesday Sep. 26th 1877
4. Place of Birth (Street and Number) No 736 W. Baltimore st.
5. Full Name of Mother Amelia Hamitsch
6. Mother's Maiden Name Amelia Huber
7. Mother's Birthplace Baltimore
8. Full Name of Father Adam Hamitsch
9. Father's Occupation Shoemaker
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return Anna Lander
- Address 10 Shafter
- Remarks _____

Write, in or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20865

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *Born Thursday September 26, 1877*
4. Place of Birth (Street and Number) *18 Union Street*
5. Full Name of Mother *Mrs. Minnie Del. Forsythe*
6. Mother's Maiden Name *Mrs. Minnie Del. Schepman*
7. Mother's Birthplace *Born in Baltimore Md*
8. Full Name of Father *Mrs. George Alexander Forsythe*
9. Father's Occupation *his Occupation is a Laborer*
10. Father's Birthplace *Born in Baltimore Md*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. L. Miller*
- Address *No. 60*
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar inforemid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. He or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20866

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1*
1. Sex (state whether Male or Female) *X Female*
2. Race or Color (if not of the white race) *Colord*
3. Date of Birth *Sep 27*
4. Place of Birth (Street and Number) *St 6 Penaly*
5. Full Name of Mother *Ellen Handay*
6. Mother's Maiden Name *Ellen Watts*
7. Mother's Birthplace *Princasm Somerset County Md*
8. Full Name of Father *Thomas Handay*
9. Father's Occupation *Is Waiter*
10. Father's Birthplace *Princasm Somerset County Md*
- Name of Medical Attendant, or other Person who makes this Return *Francis Coulb*
- Address *St 10 Penaly*
- Remarks *C*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *27th of Sept. 18.77.*
4. Place of Birth (Street and Number) *No. 4. Milliman st.*
5. Full Name of Mother *Theresa Dorn*
6. Mother's Maiden Name *Theresa Milendrich*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Fredrick Dorn*
9. Father's Occupation *Shoe Maker*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Mary Waller*
- Address *125. N. Caroline*
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3^d Child*

1. Sex (state whether Male ~~or Female~~)
 2. Race or Color (if not of the white race) *White*
 3. Date of Birth *September the 27. 1877*
 4. Place of Birth (Street and Number) *Orlean St. No. 238.*
 5. Full Name of Mother *Maria Wilhelme Traube*
 6. Mother's Maiden Name *Maria Willroth*
 7. Mother's Birthplace *Baltimore City*
 8. Full Name of Father *August Traube*
 9. Father's Occupation *Laborer*
 10. Father's Birthplace *Halverhausen, V. Preussen. Germany*
- Name of Medical Attendant, or other Person who makes this return *Karl E. Muller*
Address *N. Dallas St. No. 26.*
Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20869

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

27 Sept. 1877

4. Place of Birth (Street and Number)

75 E. Pratt

5. Full Name of Mother

Ellen Blackmar

6. Mother's Maiden Name

Ellen Ross

7. Mother's Birthplace

England

8. Full Name of Father

Albert E. Blackmar

9. Father's Occupation

Shoemaker

10. Father's Birthplace

Canada

Name of Medical Attendant, or other Person who makes this Return.

J. M. P. Bates, M.D.

Address

1 1/2 S. Eyster St.

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20870

To the Office of Registrar of Vital Statistics, Board of
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Fourth child*
1. Sex (state whether Male or Female) *Male.*
2. Race or Color (if not of the white race) *colored.*
3. Date of Birth *27th Sept.*
4. Place of Birth (Street and Number) *223 E. Calumet St.*
5. Full Name of Mother *Jella Ash.*
6. Mother's Maiden Name *Jella Johnson.*
7. Mother's Birthplace *Cambridge Md.*
8. Full Name of Father *William Ash.*
9. Father's Occupation *Carroll.*
10. Father's Birthplace *Cambridge Md.*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Lucy W. Ash.
124 E. Calumet St.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20871

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) colored
3. Date of Birth sep 29
4. Place of Birth (Street and Number) 107, north-dallas st
5. Full Name of Mother Elen Wilson
6. Mother's Maiden Name Elen Travis
7. Mother's Birthplace Dorchester, Mass
8. Full Name of Father Charles Wilson
9. Father's Occupation laborer
10. Father's Birthplace Dorchester, Mass
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Leaz Johnson
- Address no 32 Short st
- Remarks healthy child

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d

1. Sex (state whether Male or Female)

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Feb 27 1877

4. Place of Birth (Street and Number)

Carroll St

5. Full Name of Mother

Parah Griffin

6. Mother's Maiden Name

Parah Macelgun

7. Mother's Birthplace

Ireland

8. Full Name of Father

Griffin

9. Father's Occupation

Schooler

10. Father's Birthplace

Ireland

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

St. Y. P. ...
27, 10 ...

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20873

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Sept. 27th 1877.

4. Place of Birth (Street and Number) 163 W. Lombard St. (Maternity)

5. Full Name of Mother Mary Troy

6. Mother's Maiden Name "

7. Mother's Birthplace Ireland

8. Full Name of Father Unknown

9. Father's Occupation "

10. Father's Birthplace "

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Dr. Wm. Lombel
163 W. Lombard St.

advice as to the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20874

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *September 27th 1877*
4. Place of Birth (Street and Number) *N 12 Oliver St*
5. Full Name of Mother *Charilla Schaeffer*
6. Mother's Maiden Name *Charilla Price*
7. Mother's Birthplace *Baltimore County Md*
8. Full Name of Father *Adolphus C. Schaeffer Jr*
9. Father's Occupation *Merchant*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *A. A. Prasad M.D.*
- Address *N 114 Park Ave*
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9. 10.

1. Sex (state whether Male or Female) Boie Female

2. Race or Color (if not of the white race) Whit

3. Date of Birth 27 Sept.

4. Place of Birth (Street and Number) 6. Barnes Str

5. Full Name of Mother Marie Kaspar

6. Mother's Maiden Name " Bralee

7. Mother's Birthplace Ruefus

8. Full Name of Father Josef Kaspar

9. Father's Occupation Laborer

10. Father's Birthplace Madefkov

Name of Medical Attendant, or other Person who makes this Return. J. Conna

Address 20 Barnes Str

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2^d*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *September 27th 1877*
4. Place of Birth (Street and Number) *79 Harrison Street*
5. Full Name of Mother *Johanna Neffe*
6. Mother's Maiden Name *" " " Levy*
7. Mother's Birthplace *Poland*
8. Full Name of Father *Caspar Neffe*
9. Father's Occupation *Peddler*
10. Father's Birthplace *Poland*
- Name of Medical Attendant, or other Person who makes this return *Barbara Reisz*
- Address *26 N. Frederick Street*
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20878

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *(4th) Fourth child*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *September 27th 1877*
4. Place of Birth (Street and Number) *69. Woodyear Street*
5. Full Name of Mother *Sarah Dashiels Frances Hagner*
6. Mother's Maiden Name *Sarah Dashiels Frances Madden*
7. Mother's Birthplace *Baltimore County Md*
8. Full Name of Father *William Madison Hagner*
9. Father's Occupation *Carpenter*
10. Father's Birthplace *Baltimore Md*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. Hammers & Fox*
- Address *S. E. Cor Green & Mulberry Streets*
- Remarks *Beats Well*

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20879

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth September 27th 1877
4. Place of Birth (Street and Number) 1022 E. Calver st. Balt.
5. Full Name of Mother Rose Daniels Hoas
6. Mother's Maiden Name " " Daniels
7. Mother's Birthplace Virginia
8. Full Name of Father Isaac S. Hoas
9. Father's Occupation Proprietor & Editor of the Baltimore
10. Father's Birthplace Virginia, U. S. A.
- Name of Medical Attendant, or other Person who makes this Return. J. Ridgway Shurtliff M.D.
- Address 1012 E. Calver, st
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH.

20880

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Seventh*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Sept 27th 1877*
4. Place of Birth (Street and Number) *West side of Hull. St. near Fort Ave*
5. Full Name of Mother *Elizabeth Ann. Sumner*
6. Mother's Maiden Name *E. N. Street*
7. Mother's Birthplace *Baltimore City*
8. Full Name of Father *Wm. Sumner*
9. Father's Occupation *Clark*
10. Father's Birthplace *Germany*
Name of Medical Attendant, or other Person who makes this Return.
Address
Remarks *Margaret E. M.*

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21881

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *11th*
1. Sex (state whether Male or Female) *male*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *September 27 1877*
4. Place of Birth (Street and Number) *151 1st St*
5. Full Name of Mother *Barbara Hartlow*
6. Mother's Maiden Name *Barbara Jones*
7. Mother's Birthplace *Baltimore City*
8. Full Name of Father *Thomas Hartlow*
9. Father's Occupation *carpenter*
10. Father's Birthplace *Baltimore City*
- Name of Medical Attendant, or other Person who makes this Return. *Rachel Taylor Garrett*
- Address *1153 Aliceanna St*
- Remarks

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 Mary Anne
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Caucasian
3. Date of Birth Born Sept 27th 1876
4. Place of Birth (Street and Number) No 149 Park Street
5. Full Name of Mother Mary Thomas
6. Mother's Maiden Name Mary Thomas
7. Mother's Birthplace Baltimore City MD
8. Full Name of Father George Thomas
9. Father's Occupation Hair Cutter
10. Father's Birthplace Balt City MD
Name of Medical Attendant, or other Person who makes this Return. Midwife
Address Mary G Thomas No 154 York St
Remarks

and any person who shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

20883

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th Child
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth September 27th 1877
4. Place of Birth (Street and Number) 783 N. Pratt St.
5. Full Name of Mother Charlotte Stone
6. Mother's Maiden Name Mills
7. Mother's Birthplace Baltimore, Md.
8. Full Name of Father Charles R. Stone
9. Father's Occupation Painter
10. Father's Birthplace Harford County, Md.
Name of Medical Attendant, or other Person who makes this Return. J. Walton White M.D.
Address 67 E. Gilman St.
Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 20884

GIVEN NAME ADDED 4/20/49

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex (~~state whether Male or Female~~) Female Alice Watkins Hood

2. Race or Color (if not of the white race)

3. Date of Birth Sept. 27, 1877

4. Place of Birth (Street and Number) No. 2 Jackson Square

5. Full Name of Mother Florence Hood

6. Mother's Maiden Name Florence Allen

7. Mother's Birthplace Virginia

8. Full Name of Father John M. Hood

9. Father's Occupation Civil Engineer

10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. W. T. Howard

Address 181 Madison St

Remarks Natural & easy delivery

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *27 September 1877*
4. Place of Birth (Street and Number) *40 Canal St.*
5. Full Name of Mother *Eliza Freeman*
6. Mother's Maiden Name *Belmont*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Charles H. Freeman*
9. Father's Occupation *a cooper*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this return *Charles H. Cooper*
- Address *523 68 Belmont St.*
- Remarks

Any physician, midwife, or other person who shall report to the registrar aforesaid, at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*

1. Sex (state whether Male or Female) *male*

2. Race or Color (if not of the white race)

3. Date of Birth *27 September 1877*

4. Place of Birth (Street and Number) *160 Pratt St.*

5. Full Name of Mother *Maria Tompkins*

6. Mother's Maiden Name *J. Cunningham*

7. Mother's Birthplace *U. States*

8. Full Name of Father *Wm Tompkins*

9. Father's Occupation *Clerk*

10. Father's Birthplace *U. States*

Name of Medical Attendant, or other Person who makes this return *Sarah Fisher*

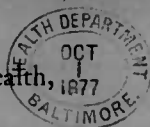
Address *520 Cornland St.*

Remarks

That any physician, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

211887



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th Kind*
 1. Sex (state whether Male or Female) *Mädchen*
 2. Race or Color (if not of the white race) *Weiß*
 3. Date of Birth *geboren den 27ten September*
 4. Place of Birth (Street and Number) *Nº 310 South Tellow Str.*
 5. Full Name of Mother *Christine Tonne*
 6. Mother's Maiden Name *Christine Posner*
 7. Mother's Birthplace *Baltimore*
 8. Full Name of Father *Schön Tonne*
 9. Father's Occupation *Hausirbeiter*
 10. Father's Birthplace *Deutschland*
 Name of Medical Attendant, or other Person who makes this return *Friederike Kaufmann*
 Address *Nº 178 Corner of Dallas und Eastern Av*
 Remarks *Kensone*

That any physician, accoucheur, midwife, or other person who shall report to the registrar aforesaid, advise at the birth of any child, within the City of Baltimore, shall distinctly state the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20888

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks



2
Male
White
Sept 27 1877
309 Will. St
Mary Carroll
Mary Lewis
Ma
William Carroll
Mechanic
Ma
H.B. Noble M
17 Hanover St

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20889

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~)

7th

1. Sex (~~state whether Male or Female~~)

2. Race or Color (~~if not of the white race~~)

3. Date of Birth

Sept. 27th

4. Place of Birth (Street and Number)

Taylor's Court, - in Hemmers Alley

5. Full Name of Mother

Mary Meldon

6. Mother's Maiden Name

" "

7. Mother's Birthplace

Ireland

8. Full Name of Father

Michael Meldon

9. Father's Occupation

Maltster

10. Father's Birthplace

Ireland

Name of Medical Attendant, or other Person who makes this Return.

A. Legg, M.D.

Address

Remarks I was called to see the above infant. Upon inquiry learned that the Mother had no one to attend her, - not knowing that this return had to be made.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20890

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race)
3. Date of Birth *September 27th 1877*
4. Place of Birth (Street and Number) *No 236 Bane St*
5. Full Name of Mother *Jusanna Connelly*
6. Mother's Maiden Name *Jusanna Croper*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Wm. H. Connelly*
9. Father's Occupation *Can Maker*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Jane Winneberger*
- Address *23 N. Liberty St.*
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20891

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st ch

1. Sex (state whether Male or Female) _____

2. Race or Color (if not of the white race) white

3. Date of Birth Sept 27 77

4. Place of Birth (Street and Number) N. 142 W. Fayette st.

5. Full Name of Mother An M. WOOD

6. Mother's Maiden Name An M. Sims

7. Mother's Birthplace Baltimore

8. Full Name of Father Chas J. WOOD

9. Father's Occupation Black

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Chas J. WOOD

Address 13 Franklin

Remarks Bu 6

Let any physician, accoucheur, midwife, or other person in service, who shall deliver, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20892

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Sept. 27th 1877
4. Place of Birth (Street and Number) 654 W. Lexington St.
5. Full Name of Mother Elizabeth Kesmodel,
6. Mother's Maiden Name Flannan,
7. Mother's Birthplace Baltimore Md.
8. Full Name of Father Martin Kesmodel,
9. Father's Occupation Goldsmith,
10. Father's Birthplace Germany,

Name of Medical Attendant, or other Person who makes this return

John Morris, M. D.,
care of 5, Franklin St. Balt., Md.

Address

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth 27 September 1877

4. Place of Birth (Street and Number) 448 North

5. Full Name of Mother Anna Sullivan

6. Mother's Maiden Name Thiel

7. Mother's Birthplace Poland

8. Full Name of Father Christopher Sullivan

9. Father's Occupation Apprentice

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs. Urey

Address 448 North

Remarks

swive at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

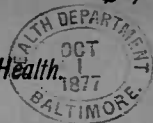


- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *Sept 27 1877*
4. Place of Birth (Street and Number) *Baltimore No 83 Chesnut Alley*
5. Full Name of Mother *Mariamie Cordry*
6. Mother's Maiden Name *Genifer*
7. Mother's Birthplace *Cambridge Md*
8. Full Name of Father *John Cordry*
9. Father's Occupation *Waiter*
10. Father's Birthplace *Sumner Set Co Md*
- Name of Medical Attendant, or other Person who makes this Return.
- Address
- Remarks

If any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd Child*
1. Sex (state whether Male or Female) *Girl*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *28th of September 1877 = 11 = 12 Sabbath*
4. Place of Birth (Street and Number) *32 East Pratt St*
5. Full Name of Mother *Tori Kaiser*
6. Mother's Maiden Name *Dr. Kuman*
7. Mother's Birthplace *Germany*
8. Full Name of Father *August Kuman*
9. Father's Occupation *Teacher*
10. Father's Birthplace *Germany*
Name of Medical Attendant, or other Person who makes this Return. *Crescentia Kunkel*
Address *7 North Chappel St*
Remarks *Free born Dead on 30th morning 78*

RETURN OF A BIRTH.

20896

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

5th

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Sept. 28th 1877

4. Place of Birth (Street and Number)

Whitewater St No 44

5. Full Name of Mother

Adaline Kempf Bull

6. Mother's Maiden Name

Adaline Kempf

7. Mother's Birthplace

Baltimore County

8. Full Name of Father

Nicholas H. Bull

9. Father's Occupation

Carpenter

10. Father's Birthplace

Baltimore County

Name of Medical Attendant, or other Person who makes this Return.

L. S. Spanow M.D.

Address

Patterson Avenue No 95

Remarks

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20897

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)
2. Race or Color (if not of the white race)
3. Date of Birth
4. Place of Birth (Street and Number)
5. Full Name of Mother
6. Mother's Maiden Name
7. Mother's Birthplace
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace

Female

White

28

10 98 Battery Ave

Late Hise

Late Gayhart

Baltimore

Frank Hise

Saler

Germany

P. Hise

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall deliver, assist at, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20898

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *No. 14.*

1. Sex (state whether Male or Female) *Female.*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Sept. 28th 77*

4. Place of Birth (Street and Number) *#158 Chew Jr.*

5. Full Name of Mother *Mary Jane Crosby*

6. Mother's Maiden Name *" " Boyson*

7. Mother's Birthplace *Baltimore City*

8. Full Name of Father *Lewis L. Crosby*

9. Father's Occupation *Engineer*

10. Father's Birthplace *A. A. Co. Md.*

Name of Medical Attendant, or other Person who makes this Return. *L. M. Hayson M.D.*

Address *#18 Higginth Jr*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, examine or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20899

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *No. 2*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Sep. 28 ~ 77*
4. Place of Birth (Street and Number) *Bel Air. Av. East of Washington*
5. Full Name of Mother *Sarah. Rebecca. Quene.*
6. Mother's Maiden Name *" " Lucas.*
7. Mother's Birthplace *Baltimore City*
8. Full Name of Father *Hugh Alexander Quene.*
9. Father's Occupation *Machinist*
10. Father's Birthplace *Baltimore City*
- Name of Medical Attendant, or other Person who makes this Return. *G. H. Hayson M.D.*
- Address *#18 Chesnut Jr*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

20900

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Louch

1. Sex (state whether Male or Female)

Male.

2. Race or Color (if not of the white race)

White

3. Date of Birth

Sept 28th 1877

4. Place of Birth (Street and Number)

144 Hanford Ave

5. Full Name of Mother

Martha M. Gornie

6. Mother's Maiden Name

Martha M. Cornelius

7. Mother's Birthplace

Balto. Md.

8. Full Name of Father

William Gornie

9. Father's Occupation

Brass Moulder

10. Father's Birthplace

Balto. Md.

Name of Medical Attendant, or other Person who makes this Return.

Silas W. Hunter M.D.

Address

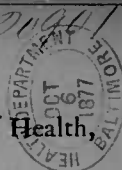
97 Greenmount Ave.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2^d*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Sept 28th 1877*
4. Place of Birth (Street and Number) *No 71 Disgrace*
5. Full Name of Mother *Ella Lyons*
6. Mother's Maiden Name *Ella Baker*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *John J Lyons*
9. Father's Occupation *Plasterer*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this return *Lena Wittgeist*
- * Address *Po 182 monument st*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. He or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20902

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother..

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this return

Address

Remarks

3rd
Female
C. White
Sept 28th 1877
135 Mt. St.
Laura B. Horn
Laura B. Elditch
Baltimore
John A. Morris
Lawyer
Dr. George C. Mac
Shepherd Cook, M.D.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20903

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) colored
3. Date of Birth Sept 28
4. Place of Birth (Street and Number) 179 North Edmond St
5. Full Name of Mother Eliza Young
6. Mother's Maiden Name Eliza Anderson
7. Mother's Birthplace Baltimore
8. Full Name of Father James Anderson
9. Father's Occupation Barber
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who make this Return. Mrs. L. J. Johnson
- Address no 32 North St
- Remarks Healthy Child

That any physician, accountant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21904

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2 Child*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *1 - Father*
3. Date of Birth *22nd of Sept. 1877*
4. Place of Birth (Street and Number) *110 34th St. Baltimore*
5. Full Name of Mother *May Jane Smith*
6. Mother's Maiden Name *May Jane Cole*
7. Mother's Birthplace *Dulzonia*
8. Full Name of Father *Edw. Smith*
9. Father's Occupation *Teacher*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Rebecca H. Smith*
- Address *110 34th St. Baltimore*
- Remarks *Stillborn - 1st child*

That any physician, accoucheur, midwife, or other person in charge, who shall receive, advise or
advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid,
within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children
born, its or their physical condition, whether still born or not, the full name, nativity, and residence
of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20905

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

2nd
Male
White
Sept 18 77
1110 31 W. 12th St
Mary Keyser
Mary Keyser
Baltimore
Johannes Keyser
Laborer
Baltimore
Catherine H. H. H.

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20906

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second child*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *Chinese & Col.*

3. Date of Birth *September 28th 1877*

4. Place of Birth (Street and Number) *79 N. Liberty Street.*

5. Full Name of Mother *Mollie Williams*

6. Mother's Maiden Name

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *Not known*

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. *Edwin Hubbs 42 Sharp St.*

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 10
1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Sept. 28
4. *Place of Birth (Street and Number)* St. Dennis st.
5. *Full Name of Mother* Mary Carroll
6. *Mother's Maiden Name* Walker
7. *Mother's Birthplace* New York
8. *Full Name of Father* Pierce Carroll
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Ireland
- Name of Medical Attendant, or other Person who makes this return* Mary Hook
- Address* 325 S. Calver st.
- Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third Child*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *28th of September 1877*
4. Place of Birth (Street and Number) *32 East Pratt Street*
5. Full Name of Mother *Joni Heide*
6. Mother's Maiden Name *Joni Newman*
7. Mother's Birthplace *Germany*
8. Full Name of Father *August Newman*
9. Father's Occupation *Baker*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return *Augustine Kays*
- Address *212 North Chappel St. John Knebel*
- Remarks *Free born*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20909

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
 1. Sex (state whether Male or Female) *Female*
 2. Race or Color (if not of the white race) *White*
 3. Date of Birth *September 28th 1877*
 4. Place of Birth (Street and Number) *55 Beall St.*
 5. Full Name of Mother *Philippine Staffel*
 6. Mother's Maiden Name *Philippine Trench*
 7. Mother's Birthplace *Prussia, Germany*
 8. Full Name of Father *Henri Staffel*
 9. Father's Occupation *Tabacoth. Maker*
 10. Father's Birthplace *Prussia Germany*
 Name of Medical Attendant, or other Person who makes this Return. *Catherine Susack*
 Address *439 N. Pratt St.*
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

The 3

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

September 28

4. Place of Birth (Street and Number)

825 West Baltimore

5. Full Name of Mother

Mary Ann Zentgraf

6. Mother's Maiden Name

Mary Kuhl

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Louis Zentgraf

9. Father's Occupation

Candy maker

10. Father's Birthplace

Prussian

Name of Medical Attendant, or other Person who makes this Return.

Dr. H. G. Dummer

Address

Remarks

60 September 28

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3^d*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *September 14th 28th 1877*
4. Place of Birth (Street and Number) *No 98 Harrison Street*
5. Full Name of Mother *Charlotte Herries*
6. Mother's Maiden Name *" " " Schott*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Prohman Herries*
9. Father's Occupation *Shoemaker*
10. Father's Birthplace *Germany*
Name of Medical Attendant, or other Person who makes this return *Barbara Reiss*
Address *26 N Frederick St*
26 N Frederick St
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

160215.

RETURN OF A BIRTH.

20912

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10th
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth Sept. 29. 1877
4. Place of Birth (Street and Number) South Jones St No 49
5. Full Name of Mother Dorotea Schmidt
6. Mother's Maiden Name Tepfner
7. Mother's Birthplace Schmiedebach Prussia
8. Full Name of Father Johann Schmidt
9. Father's Occupation Nachtkammer
10. Father's Birthplace Neuchâtel Prussia
Name of Medical Attendant, or other Person who makes this Return. Mrs. Johanna Kneip
Address South Wolf St No 28
Remarks Under 10

RETURN OF A BIRTH.

20913

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c) *this is a female*
1. Sex (state whether Male or Female) *this is a female*
2. Race or Color (if not of the white race) *this is a Colad*
3. Date of Birth *At home at Mont eld*
4. Place of Birth (Street and Number) *South Warner St No 171*
5. Full Name of Mother *George St. Brown*
6. Mother's Maiden Name *George St. Johnson*
7. Mother's Birthplace *Port Staniel Queens County Md*
8. Full Name of Father *William S. Johnson*
9. Father's Occupation *grain carrier*
10. Father's Birthplace *Port Staniel Queen Ann County Md*
- Name of Medical Attendant, or other Person who makes this Return.
- Address *Carroll St Johnson*
- Remarks *South Warner St No 171*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar afterwards, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c) 3d
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) _____
3. Date of Birth Sept. 29th 1877
4. Place of Birth (Street and Number) No 20 N. Wolfe Str.
5. Full Name of Mother Margdalena Winkler Engelmann
6. Mother's Maiden Name " Winkler
7. Mother's Birthplace Germany
8. Full Name of Father George Engelmann
9. Father's Occupation Cutter
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Buschmann
- Address 120 Bank Str.
- Remarks _____

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) _____

1. Sex (state whether Male or Female) _____

2. Race or Color (if not of the white race) _____

3. Date of Birth September 29th - 1877

4. Place of Birth (Street and Number) 148 Central Avenue

5. Full Name of Mother Lizzie Ordman

6. Mother's Maiden Name " Hunter

7. Mother's Birthplace Baltimore

8. Full Name of Father John H. Ordman

9. Father's Occupation Laborer

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Wm. L. Hunter

Address 1322 Broadway, Philadelphia Pa.

Remarks _____

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 16
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 29 September
4. Place of Birth (Street and Number) 27 Wolf Street
5. Full Name of Mother Augusta Hanna
6. Mother's Maiden Name Johnson
7. Mother's Birthplace Germing
8. Full Name of Father George Hanna
9. Father's Occupation None
10. Father's Birthplace Germing
- Name of Medical Attendant, or other Person who makes this Return. Sophia Simon
- Address 1020 Broadway Street
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20917

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *29. September*
4. Place of Birth (Street and Number) *406 Kim Street*
5. Full Name of Mother *Cristine Snieder*
6. Mother's Maiden Name *" Gestner*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Louis Snieder*
9. Father's Occupation *none*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this return *Sophia Simon*
- Address *No 70 Brady St.*
- Remarks

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20918

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st Child*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *29th of September*
4. Place of Birth (Street and Number) *128 South Fulton St Baltimore*
5. Full Name of Mother *Mary E. Krüser*
6. Mother's Maiden Name *" Lancaster*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *James W. Krüser*
9. Father's Occupation *Machinist*
10. Father's Birthplace *Pennsylvania*
Name of Medical Attendant, or other Person who makes this Return. *Mr. Anderson 16 South Fulton St*
Address
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20919

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *fourth*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *29 Sept.*
4. Place of Birth (Street and Number) *49 Barnes St.*
5. Full Name of Mother *Maria Capak*
6. Mother's Maiden Name *Stepanik*
7. Mother's Birthplace *Nekoditz Bohemia*
8. Full Name of Father *Josef Capak*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Louni Bohemia*
- Name of Medical Attendant, or other Person who makes this Return. *J. Conrad*
- Address *20 Barnes St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20920

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Sept 29/77 No 160

4. Place of Birth (Street and Number)

Madison Ave

5. Full Name of Mother

Eliza Amend

6. Mother's Maiden Name

Amend

7. Mother's Birthplace

8. Full Name of Father

John Amend

9. Father's Occupation

Laborer

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Theresa Schutte

Address

Remarks

Midwife
320 Alice Street.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *9 Children*
1. Sex (state whether Male or Female) *2nd & Girl*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *29th September 1877*
4. Place of Birth (Street and Number) *346 Orleans street*
5. Full Name of Mother *Anna Heese*
6. Mother's Maiden Name *Anna Stern*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Paul Stern*
9. Father's Occupation *Legar machine*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Ernest H. Kimpel*
- Address. *71 North Chappel St*
- Remarks *Healthy*
- John Kimpel*

THE CITY PHYSICIAN, ACCOUCHER, MIDWIFE, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth September 29th 1877
4. Place of Birth (Street and Number) 490 Penna. ave.
5. Full Name of Mother Henrietta Clark
6. Mother's Maiden Name Margaret Schmitt
7. Mother's Birthplace Baltimore
8. Full Name of Father John Clark
9. Father's Occupation Blacksmith
10. Father's Birthplace Bruce
- Name of Medical Attendant, or other Person who makes this return Eliza Schmitt
- Address 490 Penna. ave.
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21923

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) _____
3. Date of Birth Sept 29th 1877
4. Place of Birth (Street and Number) off 87 Johnson St.
5. Full Name of Mother Lucile Bonacher
6. Mother's Maiden Name Northum
7. Mother's Birthplace Germany
8. Full Name of Father Louis Bonacher
9. Father's Occupation German
10. Father's Birthplace Brexa
Name of Medical Attendant, or other Person who makes this Return. J. Lehnasser midwife 213 Broad St.
Address _____
Remarks _____

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

20924

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Fourth child

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

White race

September 22, 1877

North Street No 10

Mary Durrak

Urbansh

Polish

Michael Durrak

Carpenter

Czech

Mias Urbansh

John Smith, 1111 1/2 St

October 10, 1877

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20925

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Saturday Sept 29th 4 o'clock P.M.
4. Place of Birth (Street and Number) Clinton St (County)
5. Full Name of Mother Mary Cronin
6. Mother's Maiden Name Mary Davis
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Jacob Cronin
9. Father's Occupation Carpenter
10. Father's Birthplace York Penna
- Name of Medical Attendant, or other Person who makes this Return. J. J. Schand Md
- Address 28, O'Donnell St
- Remarks Instrumental Labor. The mother & child are doing well

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20926

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5

1. Sex (state whether Male or Female)

male

2. Race or Color (if not of the white race)

3. Date of Birth

29 September 1877

4. Place of Birth (Street and Number)

700 Ann Bond St

5. Full Name of Mother

Mary Sullivan

6. Mother's Maiden Name

Shinn

7. Mother's Birthplace

Ireland

8. Full Name of Father

John Sullivan

9. Father's Occupation

plasterer

10. Father's Birthplace

Ireland

Name of Medical Attendant, or other Person who makes this return

Sarah Cooper

Address

326 Bond St

Remarks

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20927

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth 1st

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Sept 29 1877 Elizabeth Jane

4. Place of Birth (Street and Number)

11030 Elizabeth Lane

5. Full Name of Mother

Laura E Smith

6. Mother's Maiden Name

Laura Marshall

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Christian Smith

9. Father's Occupation

Laborer

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Catherine Howard

Address

11030 Elizabeth Lane

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



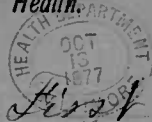
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex (state whether Male or Female) Female.
2. Race or Color (if not of the white race) Colored
3. Date of Birth 29 Sep
4. Place of Birth (Street and Number) No 5 St James St
5. Full Name of Mother Sarah Green
6. Mother's Maiden Name Johnson
7. Mother's Birthplace Baltimore
8. Full Name of Father Wm E Green
9. Father's Occupation Lodger
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this return Assula J. Schinner
- Address No 7 Farrest Place
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar in person, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

over 20929

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



Name: *Grace Ellsworth McGill*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Sept - 29 77

4. Place of Birth (Street and Number)

165 Montgomery St

5. Full Name of Mother

Sallie McGill

6. Mother's Maiden Name

Sallie, (Simmons)

7. Mother's Birthplace

va

8. Full Name of Father

J. H. McGill

9. Father's Occupation

Laborer

10. Father's Birthplace

Ma

Name of Medical Attendant, or other Person who makes this Return.

H. B. North

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20930

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th*
1. Sex (state whether Male or Female) *female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *September 29th 1877*
4. Place of Birth (Street and Number) *No 164. E. Howard St.*
5. Full Name of Mother *Lora Lundt*
6. Mother's Maiden Name *Lora Linn*
7. Mother's Birthplace *Hessen Germany*
8. Full Name of Father *William Lundt*
9. Father's Occupation *Confectionary*
10. Father's Birthplace *Hannover Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs M. A. B. Lundt*
- Address *No. 181. N. Central av.*
- Remarks *All Paralle*

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd child
1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) _____
3. Date of Birth 24 September 1877
4. Place of Birth (Street and Number) 164 Baltimore
5. Full Name of Mother Linda Smith
6. Mother's Maiden Name Linda Smith
7. Mother's Birthplace York, Pa.
8. Full Name of Father James Henry
9. Father's Occupation Baltimore
10. Father's Birthplace York, Pa.
- Name of Medical Attendant, or other Person who makes this Return _____
- Address New Ulster
- Remarks as per record

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar forthwith, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20932

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 29 Oct Sept

4. Place of Birth (Street and Number) Henry Street No 1

5. Full Name of Mother Catharine Smith

6. Mother's Maiden Name Catharine Miller

7. Mother's Birthplace Hilden Germany

8. Full Name of Father Edward Smith

9. Father's Occupation Laborer

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address 115 M Street

Remarks N. Y. L. Leadenhall Street

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20933

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *9th*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *September 29th*
4. Place of Birth (Street and Number) *11 Wilhelm Street*
5. Full Name of Mother *Annie Walters*
6. Mother's Maiden Name *Annie Sheridan*
7. Mother's Birthplace *Charleston So. Co.*
8. Full Name of Father *William C. Walters*
9. Father's Occupation *Clerk*
10. Father's Birthplace *Baltimore Md.*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Anne Lumber 66 Schroter

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

20934

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

IAN
278
158

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Third

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Sept. 29, 1877

4. Place of Birth (Street and Number)

36 N. Schroeder

5. Full Name of Mother

Julia A. E. Hush

6. Mother's Maiden Name

Zibbals

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Joseph T. Hush

9. Father's Occupation

Cigar Cooper

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

John Hood M.D.

Address

2 N. Carey St.

Remarks

Very large, fine child.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No 216.

RETURN OF A BIRTH.

20935

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
 1. Sex (state whether Male or Female) *Male*
 2. Race or Color (if not of the white race) *white*
 3. Date of Birth *Sept. 30 1877*
 4. Place of Birth (Street and Number) *W. Ann St No 49*
 5. Full Name of Mother *Elizabeth Zander*
 6. Mother's Maiden Name *Lecher*
 7. Mother's Birthplace *London Germany*
 8. Full Name of Father *Sebastian Zander*
 9. Father's Occupation *Groceries Store*
 10. Father's Birthplace *East Stockport Germany*
 Name of Medical Attendant, or other Person who makes this return *Mrs. Johann Praeger*
 Address *South Wolf str No 28*
 Remarks *born alive*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No 217.

RETURN OF A BIRTH.

217.36

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

wh. te

3. Date of Birth

Sept. 30. 1877

4. Place of Birth (Street and Number)

South Gray Street No 48

5. Full Name of Mother

Mary Solena Herberich

6. Mother's Maiden Name

Mary Solena Herberich

7. Mother's Birthplace

Prussia

8. Full Name of Father

Wilhelm Herberich

9. Father's Occupation

City Schloßhaupter

10. Father's Birthplace

Prussia

Name of Medical Attendant, or other Person who makes this return

Mrs. Johann Franke

Address

South Wolf St. No 28

Remarks

live

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20937

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Sept 30th 1877
4. Place of Birth (Street and Number) 220 Durham St
5. Full Name of Mother Estie Groll
6. Mother's Maiden Name Estie Schaal
7. Mother's Birthplace America
8. Full Name of Father Louis Groll
9. Father's Occupation Baker
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this return Mrs. Mary Lund
- Address No 31 N. High St
- Remarks (A)

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20938

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex (state whether Male or Female) _____
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Sept 30/77*
4. Place of Birth (Street and Number) *No 308 Mount St*
5. Full Name of Mother *Rebecca O'Neill*
6. Mother's Maiden Name *" Glass*
7. Mother's Birthplace *Baltimore City, Md.*
8. Full Name of Father *Thos. O'Neill. Thos O'Neill*
9. Father's Occupation *Collector*
10. Father's Birthplace *St Johns New Brunswick N. S. W. I.*
- Name of Medical Attendant, or other Person who makes this Return _____
- Address *379 W. Lombard St*

Remarks *D Spicer left this at my residence this 6th day of October 1877. any neglect of Complying with the Law is his.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) white
3. Date of Birth september . 30 1877
4. Place of Birth (Street and Number) 132 chester st
5. Full Name of Mother Elizabeth S. rodey
6. Mother's Maiden Name Elizabeth S. huggins
7. Mother's Birthplace Virginia
8. Full Name of Father charles rodey
9. Father's Occupation mariner
10. Father's Birthplace germany
- Name of Medical Attendant, or other Person who makes this Return. mary conner 153 chptank st
- Address _____
- Remarks _____

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Sept 30 1877*
4. Place of Birth (Street and Number) *No 204 Madison St.*
5. Full Name of Mother *Mary Busch.*
6. Mother's Maiden Name *Mary Bramble*
7. Mother's Birthplace *Baltimore.*
8. Full Name of Father *John P. Busch.*
9. Father's Occupation *Turner.*
10. Father's Birthplace *Baltimore.*
- Name of Medical Attendant, or other Person who makes this return *Lea Westergaard.*
- Address *27*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

20944

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11th

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth September 30th 1877

4. Place of Birth (Street and Number) No 334 E Madison St

5. Full Name of Mother Sarah Eastwood

6. Mother's Maiden Name " Stevenson

7. Mother's Birthplace Baltimore

8. Full Name of Father George W Eastwood

9. Father's Occupation Nail Maker

10. Father's Birthplace Virginia

Name of Medical Attendant, or other Person who makes this Return. Wm. D. Mayall

Address N. W. Cor Broadway & Madison St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



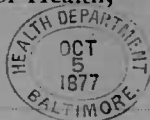
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3d*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Sept. 30th 1877.*
4. Place of Birth (Street and Number) *163 W. Lombard St. (Maternity)*
5. Full Name of Mother *Mrs. Mary Schaub*
6. Mother's Maiden Name *M. Haley*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *George Washington Schaub*
9. Father's Occupation *Machinist*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *D. Wm. Lombard*
- Address *163 W. Lombard St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20943

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6.
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 30. September
4. Place of Birth (Street and Number) 68 Granby St
5. Full Name of Mother Louisa Heiger.
6. Mother's Maiden Name " Bossinger
7. Mother's Birthplace Germany
8. Full Name of Father Jake Heiger
9. Father's Occupation Shoemaker
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this return Sophia Pierson
- Address No 70 Granby St.
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20944

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3.

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

30 September

4. Place of Birth (Street and Number)

No 55. Durham st

5. Full Name of Mother

Agnes Miller

6. Mother's Maiden Name

" Haier

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Konrad Haier

9. Father's Occupation

Cannemaker

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this return

Sophia Sumner

Address

No 70 Brady St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20945

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *seventh*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *30 Sept.*
4. Place of Birth (Street and Number) *247 N. Wolf*
5. Full Name of Mother *Patroline Gams*
6. Mother's Maiden Name *" " Scherf*
7. Mother's Birthplace *Sachsen*
8. Full Name of Father *H. Gams*
9. Father's Occupation *Cabinet-maker*
10. Father's Birthplace *Wintenburg*
- Name of Medical Attendant, or other Person who makes this Return. *J. Conrad*
- Address *20 Barnes St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

1st
Female
White
Sept 30/77
O'Donnell at No 48
Louise Klein
" Klemm
Balt
Klein
Laborer
Balt
Johanna Schutte
Midwife
820 Olive Anna st.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Sept 30/77

4. Place of Birth (Street and Number)

Choptank St 169

5. Full Name of Mother

Annabel

6. Mother's Maiden Name

Wess

7. Mother's Birthplace

Germany

8. Full Name of Father

Henry Abel

9. Father's Occupation

Laborer

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Johanna Schutte

Address

Remarks

Madwife

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth, of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20948

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c) *4th.*
 1. Sex (state whether Male or Female) *Male,*
 2. Race or Color (if not of the white race) _____
 3. Date of Birth *Sept 30. 1877*
 4. Place of Birth (Street and Number) *29 S. Holl. Ave.*
 5. Full Name of Mother *Adeline Guthrie*
 6. Mother's Maiden Name *Price*
 7. Mother's Birthplace *Port Deposit, Md.*
 8. Full Name of Father *John A. Guthrie*
 9. Father's Occupation *Painter*
 10. Father's Birthplace *Balt. Md.*
 Name of Medical Attendant, or other Person who makes this Return. *W. C. Rusk M. D.*
 Address *Balt. & Mack. st.*
 Remarks *Attenal*

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20949

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d.*
1. Sex (state whether Male or Female) *Female.*
2. Race or Color (if not of the white race)
3. Date of Birth *September 30th 1877*
4. Place of Birth (Street and Number) *Fort St. no. 100*
5. Full Name of Mother *Emma Weiler*
6. Mother's Maiden Name *Emma Ellis*
7. Mother's Birthplace *Baltimore M.d.*
8. Full Name of Father *John S. Weiler*
9. Father's Occupation *Salvage*
10. Father's Birthplace *New York, U.S.*
- Name of Medical Attendant, or other Person who make this Return *Brothera Prune*
- Address *114 Battery St.*
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20950

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1d.*
 1. Sex (state whether Male or Female) *Female*
 2. Race or Color (if not of the white race) *White*
 3. Date of Birth *September 30 1877*
 4. Place of Birth (Street and Number) *374 Chase St*
 5. Full Name of Mother *Susana Hoxenborn*
 6. Mother's Maiden Name *Susana Ungermayer*
 7. Mother's Birthplace *German*
 8. Full Name of Father *Gustav Hoxenborn*
 9. Father's Occupation *Musiker*
 10. Father's Birthplace *Prussia*
 Name of Medical Attendant, or other Person who makes this Return. *W. H. Ludwig*
 Address *134 So Bond St*
 Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3^d

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth September 30th 1877

4. Place of Birth (Street and Number) No 5 Arch Street

5. Full Name of Mother Elisabeth Schultz

6. Mother's Maiden Name " " Starck

7. Mother's Birthplace Germany

8. Full Name of Father August Schultz

9. Father's Occupation Box maker

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this return Catharina Muench

Address 74 Leadenhall St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
 1. Sex (state whether Male or Female) female
 2. Race or Color (if not of the white race)
 3. Date of Birth 30th September 1877
 4. Place of Birth (Street and Number) 113 Caroline St.
 5. Full Name of Mother Mary Stangler
 6. Mother's Maiden Name " Pleich
 7. Mother's Birthplace W. States
 8. Full Name of Father Fred. Stangler
 9. Father's Occupation Paper Hanger
 10. Father's Birthplace W. States
 Name of Medical Attendant, or other Person who makes this return Sarah Barber
 Address 52 Calverland.
 Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *13th*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Sept 30 1877*

4. Place of Birth (Street and Number) *14 Daylight St*

5. Full Name of Mother *Mary Jennings*

6. Mother's Maiden Name *Mary Burt*

7. Mother's Birthplace *Ireland*

8. Full Name of Father *John Jennings*

9. Father's Occupation *Laborer*

10. Father's Birthplace *Ireland*

Name of Medical Attendant, or other Person who makes this Return. *Catherine Hume*

Address *100 N. 1st St*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20954

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether ~~Male~~ or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

White

September 30th 1877

231 N. Broadway

Mrs. Bell Oliver

Mrs. Bell Brown

Baltimore City, Md.

John Thompson Oliver

Book Keeper

Baltimore City, Md.

Michael L. O'Sullivan

217 S. Broadway

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this return

Address

Remarks

1st
Male
White
Sept. 30
191 Columbia av.
Wilhelmina Sidman
Krantz Balto
John Sidman
Engineer
Balto
Mary Kroh
Baltimore

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20956

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) wht
3. Date of Birth Sep 30. 1877
4. Place of Birth (Street and Number) 115th Biddle
5. Full Name of Mother Mary Rennie
6. Mother's Maiden Name " Milroy
7. Mother's Birthplace Scotland
8. Full Name of Father Wm Rennie
9. Father's Occupation Clerk
10. Father's Birthplace Scotland
- Name of Medical Attendant, or other Person who makes this Return. Chas Lane Taneyhill
- Address 129 N Biddle St
- Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20957

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

white

3. Date of Birth

Sept. 20th 1877

4. Place of Birth (Street and Number)

47 Stile St. Balt. city

5. Full Name of Mother

Laura York

6. Mother's Maiden Name

Laura Wilson

7. Mother's Birthplace

Starford co. Md.

8. Full Name of Father

Benj. York

9. Father's Occupation

Cigar Maker

10. Father's Birthplace

Balt. co. Md

Name of Medical Attendant, or other Person who makes this Return.

R. W. Mansfield M.D.

Address

117 N. Broadway

Remarks

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

20958

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth September 30
4. Place of Birth (Street and Number) Chas H. O. N. Spring St
5. Full Name of Mother Mary Elizabeth Taylor
6. Mother's Maiden Name Barnes
7. Mother's Birthplace Baltimore
8. Full Name of Father John William Taylor
9. Father's Occupation Shoe Maker
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. J. J. Gropf.
- Address 187 Orleans St
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Eighth, 8th Child*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race)
3. Date of Birth *September 30th 1877*
4. Place of Birth (Street and Number) *No. 1. 1st Corner above Helen*
5. Full Name of Mother *Katharina Haller*
6. Mother's Maiden Name *Katharine Kiehlman*
7. Mother's Birthplace *Balti County, Washington*
8. Full Name of Father *Joseph Haller*
9. Father's Occupation *Driver.*
10. Father's Birthplace *Bavaria, Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Emma Schaefer*
- Address. *66 Schaefer St near Lexington*
- Remarks

Birth Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

20960

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Fifth* *LS*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *30th September* *1877*
4. Place of Birth (Street and Number) *# 5* *Chapmans Court*
5. Full Name of Mother *Sarah Washington*
6. Mother's Maiden Name *Sarah Carroll*
7. Mother's Birthplace *Eastern Shore* *Md*
8. Full Name of Father *Geo W Washington*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Baltimore* *Co* *Md*
- Name of Medical Attendant, or other Person who makes this Return. *A. E. Fiske* *Md*
- Address *179 E Baltimore St*
- Remarks *Balt Md*

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20961



To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 child

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) _____

3. Date of Birth Sept 13th 1877

4. Place of Birth (Street and Number) 106 North Schermer St

5. Full Name of Mother Mary Ann Young

6. Mother's Maiden Name Kill

7. Mother's Birthplace Baltimore Md

8. Full Name of Father Thomas Young

9. Father's Occupation Labourer

10. Father's Birthplace County North Ireland

Name of Medical Attendant, or other Person who makes this Return. _____

Address 106 N. Emma Lumpkin St

Remarks _____

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar afterwards, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20962

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c)

1st.

1. Sex (state whether Male or Female)

Female,

2. Race or Color (if not of the white race)

3. Date of Birth

Oct 1st 1877

4. Place of Birth (Street and Number)

103 E. Fayette St.

5. Full Name of Mother

Julia Atkinson,

6. Mother's Maiden Name

Reynolds,

7. Mother's Birthplace

Bark, Scotland.

8. Full Name of Father

Capt. James E. Atkinson,

9. Father's Occupation

Mariner,

10. Father's Birthplace

Balt. Md.

Name of Medical Attendant, or other Person who makes this Return.

G. Glanville, M.D.

Address

Balt. & Wash. sts.

Remarks

Natural

Name of child: - Mary Regina Atkinson

rect Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

20963

To the Office of Registrar of Vital Statistics, Board of Health
 BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex (state whether Male or Female) male
 2. Race or Color (if not of the white race) White
 3. Date of Birth October 1. 1877
 4. Place of Birth (Street and Number) 70. block st
 5. Full Name of Mother Mary G Warrington
 6. Mother's Maiden Name Mary G Remick
 7. Mother's Birthplace Baltimore
 8. Full Name of Father Charles Warrington
 9. Father's Occupation produce dealer
 10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return Mary Conner 163
 Address choptank st
 Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20964

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First child*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *October 1st*
4. Place of Birth (Street and Number) *589 West Pratt St*
5. Full Name of Mother *Bessie Brewer*
6. Mother's Maiden Name *Annie Curry*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Geo H. Brewer*
9. Father's Occupation *Cigar Maker*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Linder*
- Address *45 McEwen St*
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20962

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1 Child.*
 1. Sex (state whether Male or Female) *Male.*
 2. Race or Color (if not of the white race) *White race.*
 3. Date of Birth *1 of Octber 1877.*
 4. Place of Birth (Street and Number) *No 1. 78 Tracers st.*
 5. Full Name of Mother *Rosie Gallargen*
 6. Mother's Maiden Name *Rosie Docha.*
 7. Mother's Birthplace *in Baltimore*
 8. Full Name of Father *Amiead Gallargen*
 9. Father's Occupation *a Saddler*
 10. Father's Birthplace *in Baltimore.*
- Name of Medical Attendant, or other Person who makes this return *Midwife Theresa Eigeldinger*
- Address *No 14 Union st*
- Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20966

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2. Child born Male.

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

White

3. Date of Birth

First of October

4. Place of Birth (Street and Number)

Randall St. No. 23.

5. Full Name of Mother

Margret Nanner

6. Mother's Maiden Name

Margret E. Schwanck

7. Mother's Birthplace

Byeinn

8. Full Name of Father

Joh. Nanner

9. Father's Occupation

Lab. Work.

10. Father's Birthplace

Byeinn

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Schwanck

Address

West St. No. 128

Remarks

Extract Regulations of the Board of Health of Baltimore.
Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20967

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

3^d
 Female.
 White.
 Oct 1st 1877
 858 West Pratt St.
 Mary Hechmer born Dietrich.
 Mary Dietrich.
 Baltimore.
 Christian Hechmer.
 Sugar Manufacturer.
 Prussian Germany.
 Wm. Dunsler.
 60 Lohrstr

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar infore said, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20968

To the Office of Registrar of Vital Statistics, Board of Health, OCT.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race)
3. Date of Birth *Oct 1st 1877*
4. Place of Birth (Street and Number) *143 S Exeter str*
5. Full Name of Mother *Maria Catherine Penning*
6. Mother's Maiden Name *" " Keiser*
7. Mother's Birthplace *Germany*
8. Full Name of Father *John Penning*
9. Father's Occupation *Broom maker*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this return *Mrs Elizabeth Burdett*
- Address *100 Bank St*
- Remarks

Direct Registrations of the Board of Health to secure a just and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20969



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) _____

3. Date of Birth Oct 1st 1877

4. Place of Birth (Street and Number) 185 S. Durham st

5. Full Name of Mother Anna Barbara Becker

6. Mother's Maiden Name " " Krueger

7. Mother's Birthplace Germany

8. Full Name of Father Friedrich Becker

9. Father's Occupation Ship Smith

10. Father's Birthplace City

Name of Medical Attendant, or other Person who makes this return Mrs Elizabeth Boeckner

Address 120 Bank st

Remarks _____

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20970

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) _____
3. Date of Birth October 1st 1877
4. Place of Birth (Street and Number) 59 N Duquesne str
5. Full Name of Mother Catherina Gerlach
6. Mother's Maiden Name Shatt
7. Mother's Birthplace Germany
8. Full Name of Father Charles Gerlach
9. Father's Occupation Blacksmith
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this return Mrs. Elizabeth Buschmann
- Address 120 Bank st
- Remarks _____

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth*

1. Sex (state whether ~~Male~~ or Female)

2. Race or Color (if not of the white race) *White*

3. Date of Birth *October 1st 1877*

4. Place of Birth (Street and Number) *152 N. Bond St.*

5. Full Name of Mother *Sarah Meritt Roberts*

6. Mother's Maiden Name *Sarah Meritt Duncan*

7. Mother's Birthplace *Baltimore City, Md.*

8. Full Name of Father *William Eugene Roberts*

9. Father's Occupation *Mariner*

10. Father's Birthplace *Somerset County, Md.*

Name of Medical Attendant, or other Person who makes this return *Nicholas L. Dashiell*

Address *207 S. Broadway*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20972

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd Child*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *Oct 1st 1877*
4. Place of Birth (Street and Number) *213 702 Light st.*
5. Full Name of Mother *Marina Paulus*
6. Mother's Maiden Name *Wihland*
7. Mother's Birthplace *America*
8. Full Name of Father *Paul Paulus*
9. Father's Occupation *laborer*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *J. Schwaessel midwife 213 Green st.*
- Address
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2097.3



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex (state whether Male or Female)

Female
White

2. Race or Color (if not of the white race)

3. Date of Birth

Oct. 1st / 77

4. Place of Birth (Street and Number)

Eastern Ave 398
Cathern House

5. Full Name of Mother

Leann
Schweizer

6. Mother's Maiden Name

7. Mother's Birthplace

Leann

8. Full Name of Father

Conrad Haas
Carpenter

9. Father's Occupation

Leann

10. Father's Birthplace

Johanna Schutte

Name of Medical Attendant, or other Person who makes this Return.

Midwife

Address

320 Alice Anne st.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY



209721

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Oct 1, 1877
4. Place of Birth (Street and Number) # 324 Alice Ann Str.
5. Full Name of Mother L. F. Kann
6. Mother's Maiden Name Rosa Fulling
7. Mother's Birthplace Germany
8. Full Name of Father Albert Kann
9. Father's Occupation Laborer
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Mr. Mary E. Simms
- Address # 213 Washington St.
- Remarks T.P.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20975

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *1 Oct.*
4. Place of Birth (Street and Number) *4 Miller St*
5. Full Name of Mother *Lizi Lima*
6. Mother's Maiden Name *April*
7. Mother's Birthplace *Strakonice Bohemia*
8. Full Name of Father *Rudolph Lima*
9. Father's Occupation *Tailor*
10. Father's Birthplace *Krivan Bohemia*
- Name of Medical Attendant, or other Person who makes this Return. *J. Conrad*
- Address *20 Barracks St*
- Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20976

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Oct 1st 1877*

4. Place of Birth (Street and Number) *763 W. Lombard St. (Maternity)*

5. Full Name of Mother *Hellie Williams*

6. Mother's Maiden Name *"*

7. Mother's Birthplace *Maryland*

8. Full Name of Father *Unknown*

9. Father's Occupation *"*

10. Father's Birthplace *"*

Name of Medical Attendant, or other Person who makes this Return. *Dr. Wm. Lombel*

Address *143 W. Lombard St.*

Remarks

Extract Regulations of the Board of Health to secure a just and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether Male or Female) *Girl*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *October 1st 1877*
4. Place of Birth (Street and Number) *10122 S. Hall St. Baltimore*
5. Full Name of Mother *Mary Barnes*
6. Mother's Maiden Name *Mary Barnes*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *to account for the father*
9. Father's Occupation
10. Father's Birthplace
- Name of Medical Attendant, or other Person who makes this Return. *John Walker*
- Address *10122 S. Hall St.*
- Remarks *Child born in good health*

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20978

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Oct. 18*
4. Place of Birth (Street and Number) *No 57. South Bond st*
5. Full Name of Mother *Jennie Hammer*
6. Mother's Maiden Name *Rau*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *William Hammer*
9. Father's Occupation *Plumber*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Getzke*
- Address *No 55 South Bond st*
- Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *21th*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Oct 1, 1877*
4. Place of Birth (Street and Number) *Pratt St east end*
5. Full Name of Mother *Dora Daley*
6. Mother's Maiden Name *Dora Carr*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Wm. Daley*
9. Father's Occupation *Cigar maker*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Miss Annie Medendorp*
- Address *220 Preston St*
- Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20980



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Oct 1st 1877*
4. Place of Birth (Street and Number) *No. 15 Monument st*
5. Full Name of Mother *Bridget Giblin*
6. Mother's Maiden Name *Bridget Kilduff*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Patrick Giblin*
9. Father's Occupation *Carpenter*
10. Father's Birthplace *Ireland*
- Name of Medical Attendant, or other Person who makes this return *Lena Hallquist*
- Address *No 132 Monument st*
- Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Oct. 1st 1877.

4. Place of Birth (Street and Number)

Louisa St. 2nd door E. of Streets

5. Full Name of Mother

Mrs. J. Fanning

6. Mother's Maiden Name

Right

7. Mother's Birthplace

Queen Anne's Co. Md.

8. Full Name of Father

Medford Hyman

9. Father's Occupation

Machinist

10. Father's Birthplace

Kent Co. Md.

Name of Medical Attendant, or other Person who makes this Return.

Wm. W. Murray M.D.

Address

1012. Carey St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

209821

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex (state whether Male or Female)

female

2. Race or Color (if not of the white race)

3. Date of Birth

Oct 1st 1877

4. Place of Birth (Street and Number)

139 E. Fayette St.

5. Full Name of Mother

Annie Bohler

6. Mother's Maiden Name

Annie Ehrig

7. Mother's Birthplace

United States

8. Full Name of Father

Charles Bohler

9. Father's Occupation

Laborer

10. Father's Birthplace

United States

Name of Medical Attendant, or other Person who makes this return

Sarah Carpenter

Address

52 E. Lombard St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20983

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race)
3. Date of Birth *1 Oct 1877*
4. Place of Birth (Street and Number) *374 Calverton St.*
5. Full Name of Mother *Anna Etzmann*
6. Mother's Maiden Name *Häner*
7. Mother's Birthplace *Baltimore Md*
8. Full Name of Father *Henry Etzmann*
9. Father's Occupation *Shoe-maker*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Gertraud Miller*
- Address *151 E Pratt St.*
- Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar, aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20984

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Sixth Female

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

Oct. 12th 1877

4. Place of Birth (Street and Number)

7 Figg St.

5. Full Name of Mother

Ellen. McChamara

6. Mother's Maiden Name

Reding

7. Mother's Birthplace

Ireland

8. Full Name of Father

Patrick McChamara

9. Father's Occupation

Steeplest.

10. Father's Birthplace

Ireland

Name of Medical Attendant, or other Person who makes this Return.

Edward P. M. M. M.

Address

137 N. E. E. St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *1. October*
4. Place of Birth (Street and Number) *202 Barnes St*
5. Full Name of Mother *Maria Cons*
6. Mother's Maiden Name *Chraket*
7. Mother's Birthplace *Sto.*
8. Full Name of Father *Char. Chraket*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Balt*
- Name of Medical Attendant, or other Person who makes this Return. *J Conrad*
- Address *20 Barnes St*
- Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20986

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Yellow
3. Date of Birth The 1st day of Nov 1877
4. Place of Birth (Street and Number) No 221 Baltimore Street
5. Full Name of Mother Prada Thompson
6. Mother's Maiden Name Prada Williams
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Wm. Fuller
9. Father's Occupation Clerk
10. Father's Birthplace Maryland
- Name of Medical Attendant, or other Person who makes this Return. Dr. J. H. ...
- Address Williams No 221 Baltimore Street
- Remarks At birth child ...

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20987
HEALTH DEPARTMENT
NOV 15 1877
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First Child*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Oct 1 - 1874*

4. Place of Birth (Street and Number) *No. 121 S. Baltimore St.*

5. Full Name of Mother *Budget Kane*

6. Mother's Maiden Name *Hughes*

7. Mother's Birthplace *Ireland*

8. Full Name of Father *Barley Hughes*

9. Father's Occupation *Boomer*

10. Father's Birthplace *Ireland*

Name of Medical Attendant, or other Person who makes this Return. *Wm. G. Smith*

Address *244 N. E. Baltimore St.*

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20988

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c)

1. Sex (state whether Male or Female)

White

2. Race or Color (if not of the white race)

October 1 1877

3. Date of Birth

4. Place of Birth (Street and Number)

Light Street

5. Full Name of Mother

Elala Shuter

6. Mother's Maiden Name

7. Mother's Birthplace

Dorchester County

8. Full Name of Father

Polur Shuter

9. Father's Occupation

farmer

10. Father's Birthplace

Dorchester County

Name of Medical Attendant, or other Person who makes this Return.

May

Address

Chase Widwife

Remarks

residence 286 Nichols

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

20989

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3 d.*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race)
3. Date of Birth *October 2^d 1877*
4. Place of Birth (Street and Number) *MacTison St No 650.*
5. Full Name of Mother *Elizabeth Reede*
6. Mother's Maiden Name *Elizabeth B. B.*
7. Mother's Birthplace *Baltimore Md*
8. Full Name of Father *John Reede*
9. Father's Occupation *Butcher*
10. Father's Birthplace *Baltimore Md*
- Name of Medical Attendant, or other Person who makes this return *Dr Porter Penne*
- Address *117 Battery St*
- Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Sixth (6)*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *2^d October 1877*

4. Place of Birth (Street and Number) *82 N Wolfe St*

5. Full Name of Mother *Ann Maria Bosley*

6. Mother's Maiden Name *Ann Maria Foot*

7. Mother's Birthplace *Baltimore Md*

8. Full Name of Father *Wm Henry Bosley*

9. Father's Occupation *Printer*

10. Father's Birthplace *Baltimore Md*

Name of Medical Attendant, or other Person who makes this Return. *Amanda Marine*

Address *323 E Monument St*

Remarks *Baltimore City*

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20991

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *11 1/2*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *October 2nd 1877*
4. Place of Birth (Street and Number) *155 Columbia Ave.*
5. Full Name of Mother *Margret Langsdorff*
6. Mother's Maiden Name *Margret Muhl*
7. Mother's Birthplace *Wiesbaden, Germany*
8. Full Name of Father *August Langsdorff*
9. Father's Occupation *Cigar manufacturer*
10. Father's Birthplace *Minden, Prussia*
- Name of Medical Attendant, or other Person who makes this Return. *Catherine Seerach*
- Address *439 Pratt Street*
- Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar forthwith, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20992

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex (state whether Male or Female)
2. Race or Color (if not of the white race)
3. Date of Birth
4. Place of Birth (Street and Number)
5. Full Name of Mother
6. Mother's Maiden Name
7. Mother's Birthplace
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace

Second Child
Male
October 2nd
1216 Pine Street
Martha J. Freeman
Martha McFelly
Baltimore City
John J. Freeman
Baltimore City
Jabaccrist

Name of Medical Attendant, or other Person who makes this Return.

Address.

J. H. Cor. Fayette & Schroeder Streets.

Remarks.

Extract, Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

20993

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c) 3. Mail
1. Sex (state whether Male or Female) Female Child
2. Race or Color (if not of the white race)
3. Date of Birth Baltimore Oct th 2. 1877
4. Place of Birth (Street and Number) Peach. Alley. No. 6
5. Full Name of Mother Mrs Mealy White
6. Mother's Maiden Name Mealy. Rider
7. Mother's Birthplace Western Shore of Va
8. Full Name of Father Richard Rider
9. Father's Occupation Stevender
10. Father's Birthplace Western Shore. Va.
- Name of Medical Attendant, or other Person who makes this Return. Maria Potter
- Address Oyster Alley. No 2
- Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

20994



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd Child

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

3. Date of Birth

At 253 Light st.

4. Place of Birth (Street and Number)

born Sept 29th 1877

5. Full Name of Mother

Marian Schneider

6. Mother's Maiden Name

Ward

7. Mother's Birthplace

America

8. Full Name of Father

John Schneider

9. Father's Occupation

Cigar maker

10. Father's Birthplace

America

Name of Medical Attendant, or other Person who makes this Return.

J. Lohwasser midwife 613 Cross st.

Address

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

October 2nd 1877

4. Place of Birth (Street and Number)

510 N.E. Cor. Pine & Baltimore St.

5. Full Name of Mother

Louisa. H. Schubert

6. Mother's Maiden Name

Louisa. H. Schwartz

7. Mother's Birthplace

Baltimore City

8. Full Name of Father

Christian. Schubert

9. Father's Occupation

Shoe Fitter

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Tumbler

Address

Shrewsbury St. Baltimore City

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20995

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c) *4. Child*
1. Sex (state whether Male or Female) *Mail*
2. Race or Color (if not of the white race) *Mail Colored Child*
3. Date of Birth *B. Oct 2. 1877*
4. Place of Birth (Street and Number) *Luykes St. No 174*
5. Full Name of Mother *Caroline Bennett*
6. Mother's Maiden Name *Caroline Brown*
7. Mother's Birthplace *Cambridge M.d.*
8. Full Name of Father *John Brown*
9. Father's Occupation *Driver*
10. Father's Birthplace *Cambridge M.d.*
- Name of Medical Attendant, or other Person who makes this Return. *Maria Potter*
- Address *Cyster alley. No 2.*
- Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

20996

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) _____
3. Date of Birth Oct 2d 1877
4. Place of Birth (Street and Number) No 252 E. Monument str.
5. Full Name of Mother Margaretta Sable
6. Mother's Maiden Name Schwarz
7. Mother's Birthplace City
8. Full Name of Father Charles Sable
9. Father's Occupation Iron Moulder
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this return Mrs Elizabeth Buschmann
- Address 120 Bank str
- Remarks _____

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. 221.

RETURN OF A BIRTH.

20997

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).

1. Sex (state whether Male or Female)

Female
White

2. Race or Color (if not of the white race)

3. Date of Birth

Oct. 2. 1877
South Wolf st. No 67.

4. Place of Birth (Street and Number)

5. Full Name of Mother

Unverflichte
Katharina Fran

6. Mother's Maiden Name

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Friedrich Bloch

9. Father's Occupation

Wirtschaftl. u. Treuh.

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this return

Mrs. Johanna Kraupach
South Wolf st. No 28
M. J. M. f.

Address

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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No 220.

RETURN OF A BIRTH.

20998

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex (state whether Male or Female)

female
white

2. Race or Color (if not of the white race)

3. Date of Birth

Oct. 2. 1877
Orleans St No 302

4. Place of Birth (Street and Number)

5. Full Name of Mother

Mary Schmidt
Vogel

6. Mother's Maiden Name

7. Mother's Birthplace

Bernhards Besern
Georg Schmidt

8. Full Name of Father

9. Father's Occupation

Schuhmacher
Hendberg Besern

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this return

Mrs. Johanna Procopetz
South Weymouth No 28

Address

Remarks

born 10 days

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

20999

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth. (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

1st
Male
71 St.
Oct 2nd, 1877, 1212 N. 7th St.
1212 N. 7th St.
Anne Runzheimer
Anne Smith
Germany
Joseph Runzheimer
Laborer
Germany
Catherine Kerner
1212 N. 7th St.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21000

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3d*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *October the 2d*
4. Place of Birth (Street and Number) *7 Reinhard street Baltimore*
5. Full Name of Mother *Mary Paschant*
6. Mother's Maiden Name *Mary Dietz*
7. Mother's Birthplace *Moravia State of Austria*
8. Full Name of Father *Anthony Paschant*
9. Father's Occupation *Book binder*
10. Father's Birthplace *Bohemia State of Austria*
- Name of Medical Attendant, or other Person who makes this Return *Kochmann Timber*
- Address *639 South St.*
- Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*
 1. Sex (state whether Male or Female) *Female*
 2. Race or Color (if not of the white race) *White*
 3. Date of Birth *October 2^d. 1877*
 4. Place of Birth (Street and Number) *No 280. Albemarle St.*
 5. Full Name of Mother *Mrs. Margareta Hauser*
 6. Mother's Maiden Name *Mrs. Margareta Geyer.*
 7. Mother's Birthplace *Darmstadt, Germany.*
 8. Full Name of Father *Wm. Hauser*
 9. Father's Occupation *Restaurant.*
 10. Father's Birthplace *Wurtemberg, Germany.*
 Name of Medical Attendant, or other Person who makes this Return. *Mrs. M. A. Butler.*
 Address *19. 281. N. Centre a.*
 Remarks *Child died few hours after birth, too weak to live*

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Oct 1 2 o'clock P.M.*
4. Place of Birth (Street and Number) *Baltimore 90 1/2 Lee St*
5. Full Name of Mother *Anna Maria Decker*
6. Mother's Maiden Name *Crown*
7. Mother's Birthplace *N York Pa*
8. Full Name of Father *Geo L. Decker*
9. Father's Occupation *Painter*
10. Father's Birthplace *N York Pa*
- Name of Medical Attendant, or other Person who makes this Return. *Harry Dennis*
- Address *154 N York St*
- Remarks *All went well*

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physicians, accouchours, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21003

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Oct 2/77

4. Place of Birth (Street and Number)

Banks St No 68

5. Full Name of Mother

Medricke Storm

6. Mother's Maiden Name

Kreig

7. Mother's Birthplace

Germany

8. Full Name of Father

Paul Storm

9. Father's Occupation

Brass Worker

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Johanna Schutte

Address

Remarks

Midwife

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

1st
Male
White
Oct. 2^d / 77
Walt st No. 182
Mary Mitchell
" Schander
" Bates
" Mitchell
" Baker
" Bates
Johanna Schutte
Midwife

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *2. Octo.*
4. Place of Birth (Street and Number) *249 Wolf*
5. Full Name of Mother *Rozalie Göbel*
6. Mother's Maiden Name *" Leiche*
7. Mother's Birthplace *Balto*
8. Full Name of Father *Georg Göbel*
9. Father's Occupation *Master*
10. Father's Birthplace *Balto. Co.*
- Name of Medical Attendant, or other Person who makes this Return. *J. Conrad.*
- Address *20 Barnes St.*
- Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

21006

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

2^d
Female

1. Sex (state whether Male or Female)

Colored

2. Race or Color (if not of the white race)

Oct 2^d

3. Date of Birth

21 Booth

4. Place of Birth (Street and Number)

Elizabeth Escadaro

5. Full Name of Mother

Elizabeth Rodley

6. Mother's Maiden Name

Philadelphia Pa

7. Mother's Birthplace

Nicholas Escadaro

8. Full Name of Father

Cigar maker

9. Father's Occupation

Cuba

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Thomas O'Brien M D

Address

396 W Fayette St

Remarks

Baltimore

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first* *Baltimore*
 1. Sex (state whether Male or Female) *an* *Baltimore*
 2. Race or Color (if not of the white race) *it is* *White Race*
 3. Date of Birth *2d* *October* *1877*
 4. Place of Birth (Street and Number) *Baltimore* *Penn St No 32*
 5. Full Name of Mother *any* *just*
 6. Mother's Maiden Name *any* *Blusek*
 7. Mother's Birthplace *Scotts*
 8. Full Name of Father *Jim Blusek*
 9. Father's Occupation *Shoemaker*
 10. Father's Birthplace *Scotts*
 Name of Medical Attendant, or other Person who makes this Return. *Mary Kuntich*
 Address *No 69* *Winton St*
 Remarks *Baltimore Md*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Child

1. Sex (state whether ~~Male~~ or Female)

2. Race or Color (if not of the white race) *White*

3. Date of Birth *October the 2. 1877*

4. Place of Birth (Street and Number) *Second St. No. 13*

5. Full Name of Mother *Elise Mahrens*

6. Mother's Maiden Name *Elise Petersen*

7. Mother's Birthplace *Bremen. Germany*

8. Full Name of Father *Herman E. Mahrens*

9. Father's Occupation *Locksmith*

10. Father's Birthplace *Bremen. Germany*

Name of Medical Attendant, or other Person who makes this return *Herr E. Müller*

Address *N. Dallas St. No. 26.*

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd Child*

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race) *White*

3. Date of Birth *October 2nd 1887*

4. Place of Birth (Street and Number) *N. Bond St. N^o 5.*

5. Full Name of Mother *Katharina Richwein*

6. Mother's Maiden Name *Katharina Vrank*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *Louis Richwein*

9. Father's Occupation *Wheel Wright*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this return *Mary E. Müller*

Address *N. Dallas St. N^o 26.*

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Oct 2nd 1877
4. Place of Birth (Street and Number) Blair road No number.
5. Full Name of Mother Emma Rogers,
6. Mother's Maiden Name Emma Nelson.
7. Mother's Birthplace New York.
8. Full Name of Father Charles Rogers,
9. Father's Occupation Car Driver.
10. Father's Birthplace Maryland.
- Name of Medical Attendant, or other Person who makes this return Dr. McIllegist
- Address No. 182 Monument St.
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21011

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

2 at 1877

3. Date of Birth

4. Place of Birth (Street and Number)

No 2 Garden St.

5. Full Name of Mother

Magge Beierlein

6. Mother's Maiden Name

Gough

7. Mother's Birthplace

Baltimore

8. Full Name of Father

John Beierlein

9. Father's Occupation

Cigar maker

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Gertraud Miller

Address

151 E Pratt St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race) colored female child

3. Date of Birth Wednesday October 3

4. Place of Birth (Street and Number) 210 Hamburg Street

5. Full Name of Mother Mary Ann Spring

6. Mother's Maiden Name Mary Ann Ross

7. Mother's Birthplace York Pennsylvania

8. Full Name of Father James Spring

9. Father's Occupation Carman

10. Father's Birthplace Baltimore County Maryland

Name of Medical Attendant, or other Person who makes this return

Charity St. Boulden

Address

313 South Calver Street

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

21013

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2^d
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Colored
3. Date of Birth Oct 3^d 77
4. Place of Birth (Street and Number) 158 W Hoffman
5. Full Name of Mother Laura Kennard
6. Mother's Maiden Name Laura Dunnicke
7. Mother's Birthplace Cambridge Md
8. Full Name of Father Samuel Kennard
9. Father's Occupation Worker
10. Father's Birthplace Cambridge Md
- Name of Medical Attendant, or other Person who makes this Return. Edmund R Walker Md
- Address 180 Linden Ave
- Remarks 20 a - Labor easy

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st.*
1. Sex (state whether Male or Female) *Female.*
2. Race or Color (if not of the white race)
3. Date of Birth *October 3rd 1877.*
4. Place of Birth (Street and Number) *Johnson street No 193.*
5. Full Name of Mother *Maggie Eliza Rhodes*
6. Mother's Maiden Name *Maggie Elliott*
7. Mother's Birthplace *Baltimore M.d.*
8. Full Name of Father *John Rhodes.*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Baltimore M.d.*
- Name of Medical Attendant, or other Person who makes this return *Doct^r Bruce*
- Address *114 Battery av.*
- Remarks

Extract Registrations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4d
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth October 3d, 1877
4. Place of Birth (Street and Number) 350 S. Gay Street
5. Full Name of Mother Maria Kaen
6. Mother's Maiden Name Maria Chaffinch
7. Mother's Birthplace Baltimore
8. Full Name of Father Jacob Kaen
9. Father's Occupation Delgrapist
10. Father's Birthplace Benzalvanien
- Name of Medical Attendant, or other Person who makes this Return. Maria R. Rudiger
- Address 154 S. Bond Street
- Remarks

Direct Registrations of the Cause of Death of Persons in Baltimore

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21016

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *one Child one mother*
1. Sex (state whether Male or Female) *male Child*
2. Race or Color (if not of the white race) *Colored male*
3. Date of Birth *Oct the 3 1877*
4. Place of Birth (Street and Number) *Olden St 1877*
5. Full Name of Mother *Annna Dickson*
6. Mother's Maiden Name *Annna Bankings*
7. Mother's Birthplace *Delmar Co Virginia*
8. Full Name of Father *Levi Dickson*
9. Father's Occupation *Labor*
10. Father's Birthplace *Dorchester Co Md.*
- Name of Medical Attendant, or other Person who make this Return. *Lurinda Woolford*
- Address *Register St 130 Baltimore Md*
- Remarks

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

21017

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth October 3rd
4. Place of Birth (Street and Number) 57 N Bond St
5. Full Name of Mother Alice A. Hanson
6. Mother's Maiden Name " " Pearson
7. Mother's Birthplace Baltimore
8. Full Name of Father William M. Hanson
9. Father's Occupation Can. maker
10. Father's Birthplace W. Va.
- Name of Medical Attendant, or other Person who makes this Return. J. J. Groves
- Address 137 Orleans St
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) _____

3. Date of Birth October 3^d 1877

4. Place of Birth (Street and Number) 91 Cambridge St

5. Full Name of Mother Elizabeth Eich

6. Mother's Maiden Name " Freewald "

7. Mother's Birthplace City

8. Full Name of Father Frederick Eich

9. Father's Occupation Builder

10. Father's Birthplace City

Name of Medical Attendant, or other Person who makes this return Mrs Elizabeth Buschmann

Address 120 Bank St

Remarks _____

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this return

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21020



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
 1. Sex (state whether Male or Female) *female*
 2. Race or Color (if not of the white race)
 3. Date of Birth *3rd October 1877*
 4. Place of Birth (Street and Number) *177 W. Pratt St.*
 5. Full Name of Mother *Christina Garter*
 6. Mother's Maiden Name *Georgii*
 7. Mother's Birthplace *Pittsburgh Pa*
 8. Full Name of Father *Samuel Garter*
 9. Father's Occupation *Restaurant*
 10. Father's Birthplace *Grand Du Baden Germany*
 Name of Medical Attendant, or other Person who makes this return *Mrs B. Reis*
 Address
 Remarks *Foundry No 26.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar accordingly, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21091

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second
Female

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

October 3rd / 877
in 235 N Bond st

4. Place of Birth (Street and Number)

5. Full Name of Mother

Mary Snyder
Mary Stine

6. Mother's Maiden Name

7. Mother's Birthplace

Baltimore
Adam Snyder

8. Full Name of Father

9. Father's Occupation

Tinner
Baltimore

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Mary A. Howell

Address

286 N. Donogh St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Oct 3rd*

4. Place of Birth (Street and Number) *106 Lookie stt.*

5. Full Name of Mother *Mary. C. Powell*

6. Mother's Maiden Name *Mary. C. Lotz*

7. Mother's Birthplace *Balto. Md.*

8. Full Name of Father *George. C. Powell*

9. Father's Occupation *Labourer*

10. Father's Birthplace *At. to Md*

Name of Medical Attendant, or other Person who makes this Return. *Maryguffe Call*

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21023

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~Baltimore October 4, 1877~~ ^{first}
1. Sex (state whether Male or Female) - ~~Male~~ - ^{first} ~~Male~~
2. Race or Color (if not of the white race) ~~White~~ - ^{colored} ~~White~~
3. Date of Birth ~~Nov. 1st, 1877~~ - ^{Nov. 3rd, 1877} ~~Nov. 1st, 1877~~
4. Place of Birth (Street and Number) - ~~No. 73. Raybnage. St~~
5. Full Name of Mother ~~Graysey. An. Brinkley~~
6. Mother's Maiden Name - ~~Graysey. An. Williams~~
7. Mother's Birthplace ~~Baltimore, Md.~~
8. Full Name of Father ~~Alfred. A. Brinkley~~
9. Father's Occupation - ~~Sen. firing man~~
10. Father's Birthplace - ~~Philadelphia~~
- Name of Medical Attendant, or other Person who makes this return ~~Dr. Francis Coarke~~
- Address ~~No. 10. Pine St.~~
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21024

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

10th

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Oct 3^d / 77

4. Place of Birth (Street and Number)

Washington st 81

5. Full Name of Mother

Julia Ellenhaus

6. Mother's Maiden Name

" Geiser

7. Mother's Birthplace

Henry Ellenhaus

8. Full Name of Father

Sailor (Capt)

9. Father's Occupation

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Johanna Schutte

Address

Remarks

Midwife

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21025

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14th
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 3 Oct.
4. Place of Birth (Street and Number) 10 Paint Lane
5. Full Name of Mother Elise Bedford
6. Mother's Maiden Name " " Reitner
7. Mother's Birthplace Balto.
8. Full Name of Father John Bedford
9. Father's Occupation Balsterer
10. Father's Birthplace Balto
- Name of Medical Attendant, or other Person who makes this Return. J. Conrad
- Address 20 Barnes St
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female).

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

October 3d 1877

4. Place of Birth (Street and Number)

No 23. Pine Street

5. Full Name of Mother

Lizzie Walter

6. Mother's Maiden Name

Lizzie Hand

7. Mother's Birthplace

Washington D. C.

8. Full Name of Father

Louis Walters

9. Father's Occupation

Mechanic

10. Father's Birthplace

Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

J. Edwin Whiteford M. D.

Address

440. E. Chase Street

Remarks

This child was in good physical condition

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21027

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 18 ed Child
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) _____
3. Date of Birth Oct 3 ed 1877
4. Place of Birth (Street and Number) No 3 Elisabeth Lane
5. Full Name of Mother Pauline Wagner
6. Mother's Maiden Name Wagel
7. Mother's Birthplace Germany.
8. Full Name of Father Joseph Wagner
9. Father's Occupation Blacksmith
10. Father's Birthplace Germany.
- Name of Medical Attendant, or other Person who makes this Return. J. Lobwasser midwife
- Address 213 Brass St.
- Remarks _____

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.

21028



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5d Baltimore*
 1. Sex (state whether Male or Female) *in Baltimore*
 2. Race or Color (if not of the white race) *it is White Race*
 3. Date of Birth *3d Dec 1877*
 4. Place of Birth (Street and Number) *Baltimore Charles St. No 440*
 5. Full Name of Mother *Lore Duxton*
 6. Mother's Maiden Name *Luchekes*
 7. Mother's Birthplace *Prussia*
 8. Full Name of Father *Lore Duxton*
 9. Father's Occupation *laborer*
 10. Father's Birthplace *Prussia*
 Name of Medical Attendant, or other Person who makes this Return. *Dr. J. J. Duxton*
 Address *W. J. Duxton St. Baltimore*
 Remarks *still*

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21029

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd
female

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

Oct 3rd 1877

4. Place of Birth (Street and Number)

75 E Lombard Str

5. Full Name of Mother

Annie Burns

6. Mother's Maiden Name

Annie Demphre

7. Mother's Birthplace

United States

8. Full Name of Father

Thomas Burns

9. Father's Occupation

Quint & Custer Baker

10. Father's Birthplace

United States

Name of Medical Attendant, or other Person who makes this return

Sarah Carver

Address

52 E Lombard Str

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21030

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*

1. Sex (state whether ~~Male~~ or Female)
2. Race or Color (if not of the white race) *White*
3. Date of Birth *October 3, 1877*
4. Place of Birth (Street and Number) *Pleasant St. No. 4.*
5. Full Name of Mother. *Mary Schmidt*
6. Mother's Maiden Name *Mary Lehmann*
7. Mother's Birthplace *Baltimore City*
8. Full Name of Father *John T. Schmidt*
9. Father's Occupation *Harness Maker*
10. Father's Birthplace *Baltimore City*

Name of Medical Attendant, or other Person who makes this return *Mary E. Muller*
Address *N. Dallas St. No. 26.*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21031

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Female*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *3 Oct 1877*
4. Place of Birth (Street and Number) *230 Dallas St.*
5. Full Name of Mother *Anna Harkretha Roeser*
6. Mother's Maiden Name *Rudolph*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Heinrich Roeser*
9. Father's Occupation *Cabinet maker*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Gertraud Miller*
- Address *151 E Pratt St.*
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born in or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

210321

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 12th
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Oct. 4th 1877
4. Place of Birth (Street and Number) 158 E. Monument St.
5. Full Name of Mother Susan E. Shaw
6. Mother's Maiden Name Leock
7. Mother's Birthplace Baltimore, Md.
8. Full Name of Father Bernard Shaw
9. Father's Occupation Stonecutter
10. Father's Birthplace Holland
- Name of Medical Attendant, or other Person who makes this Return. John Morris, M. D.,
Cro. b. Franklin St. Balt., Md.
- Address
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c) *1st*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Oct 4th 1877*
4. Place of Birth (Street and Number) *163 W. Lombard St. Maternity*
5. Full Name of Mother *Sophy Perkins*
6. Mother's Maiden Name *"*
7. Mother's Birthplace *Maryland*
8. Full Name of Father *Unknown*
9. Father's Occupation *"*
10. Father's Birthplace *"*
- Name of Medical Attendant, or other Person who makes this Return. *D. J. M. Lombel*
- Address *163 W. Lombard St.*
- Remarks

That any physician, accouchleur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex (state whether Male or Female) *Boy*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *October 4th*
4. Place of Birth (Street and Number) *Booth Street 77*
5. Full Name of Mother *Eliza Thorneham*
6. Mother's Maiden Name *Margaret Sheedy*
7. Mother's Birthplace *Ireland*
8. Full Name of Father *John Brady*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Ireland*
- Name of Medical Attendant, or other Person who makes this Return. *Catherine Deesack*
- Address *439 N Pratt Street*
- Remarks

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly its date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21035

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5d.
1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race) white.
3. Date of Birth Nov 4. Oct 1877.
4. Place of Birth (Street and Number) Carley St. No 73.
5. Full Name of Mother Dorothea Müller
6. Mother's Maiden Name Böhr
7. Mother's Birthplace Primm
8. Full Name of Father August Müller.
9. Father's Occupation Linen Currier,
10. Father's Birthplace Baltimore.
- Name of Medical Attendant, or other Person who makes this Return Anna Primm
- Address Land St. 463.
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21036

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).. 5th

1. Sex (state whether Male or Female) White

2. Race or Color (if not of the white race) White

3. Date of Birth Oct 4th

4. Place of Birth (Street and Number) 162 S. Bequitha

5. Full Name of Mother Dora Siegling

6. Mother's Maiden Name Meader

7. Mother's Birthplace Germany

8. Full Name of Father John Siegling

9. Father's Occupation Laborer

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. G. G. G.

Address 65 S. Bond St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21037

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (~~state whether Male or Female~~)

2. Race or Color (if not of the white race)

3. Date of Birth

October 4 1877

4. Place of Birth (Street and Number)

182 N. Henry St

5. Full Name of Mother

Eliza E. Doyle

6. Mother's Maiden Name

" " Deussen

7. Mother's Birthplace

Ireland

8. Full Name of Father

Patrick Doyle

9. Father's Occupation

Labourer

10. Father's Birthplace

Ireland

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Geo W. Lester
#17 Waverley Terrace

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *October the 4th 1877*

4. Place of Birth (Street and Number) *118 Leadenhall Street*

5. Full Name of Mother *Elisa Kallenbach*

6. Mother's Maiden Name *" " Pfeiffer*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *Fritz Kallenbach*

9. Father's Occupation *Glassblower*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this return *Ch. Therina Munch*

Address *74 Leadenhall Street*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21039

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Oct. 4th 1877*

4. Place of Birth (Street and Number) *51 Patuxent St.*

5. Full Name of Mother *Ammie Holt*

6. Mother's Maiden Name *Ammie Gallagher*

7. Mother's Birthplace *Ireland*

8. Full Name of Father *William Holt*

9. Father's Occupation *Engineer*

10. Father's Birthplace *Harderick Co. Md.*

Name of Medical Attendant, or other Person who makes this Return. *R. W. Mansfield M.D.*

Address *117 S. Broadway*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth
Female

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

October 4th 1877

4. Place of Birth (Street and Number)

5 & 6th Cor Eden & Union Aves
Marianna Keenan
Clematis

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Wm J Keenan

9. Father's Occupation

Carpenter

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who
makes this Return.

Henry H. Atwell

Address 256 E. Long St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21041

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second
Female

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

October 4th 1877

4. Place of Birth (Street and Number)

No. 32, S Bayard St
Sarah E Cohee

5. Full Name of Mother

6. Mother's Maiden Name

" " Thompson

7. Mother's Birthplace

Baltimore

8. Full Name of Father

George W Cohee

9. Father's Occupation

Engineer

10. Father's Birthplace

Maryland

Name of Medical Attendant, or other Person who makes this Return.

Mary A Caldwell

Address 286 m. Trench St

Remarks

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race), colored

3. Date of Birth Oct 4th 1877

4. Place of Birth (Street and Number) No 4 Saratoga St. Baltimore

5. Full Name of Mother Julia Clark

6. Mother's Maiden Name Julia Duke

7. Mother's Birthplace Eastern Shore Virginia

8. Full Name of Father Harry Clark

9. Father's Occupation Porter on Balt & Ohio R.R.

10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return Geo. W. Harrison M.D.

Address 18 August St

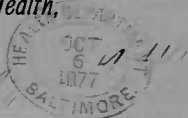
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21043

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *5th*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *Dec 4th 1877*
4. Place of Birth (Street and Number) *106 E. Howard Lane*
5. Full Name of Mother *Kate Waters*
6. Mother's Maiden Name *Kate Walker*
7. Mother's Birthplace *Maryland*
8. Full Name of Father *Charles Waters*
9. Father's Occupation *Brick Maker*
10. Father's Birthplace *Virginia*

Name of Medical Attendant, or other Person who makes this Return.

A. M. Collier

Address

369 W. Lombard St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd child*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) _____
3. Date of Birth *Nov 20 1877*
4. Place of Birth (Street and Number) *West St*
5. Full Name of Mother *Oct 4th 1877*
6. Mother's Maiden Name *Elisabeth Sander*
7. Mother's Birthplace *Kourtyrock*
8. Full Name of Father *Germany*
9. Father's Occupation *Anton Sander*
10. Father's Birthplace *Laborer*
- Name of Medical Attendant, or other Person who makes this Return. *Germany*
- Address *J. Lohwasser midwife*
- Remarks *213 Cross St.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Male

Colored

October 4th 1877

Natlas St. No. 166 Baltimore

Reba B. McCay

Abba P. Burns

Baltimore

William M. McCay

Clerk

Baltimore

John Walker

10 19th St. Natlas St.

The child is in good health

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this return

Address

Remarks

1st Child
Male
White
4th of October 1877
468 East Lombard St
Margaret Sweet
Maggie Blake
Baltimore
James B. Klaken
Carpenter
Annapolis
Green Lia Humphreys
John Russell
Coast Bay

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd child*
1. Sex (state whether Male or Female) *Female.*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *4th October*
4. Place of Birth (Street and Number) *No 72 York St.*
5. Full Name of Mother *Katie Barnes*
6. Mother's Maiden Name *" Reigan*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Frank Barnes*
9. Father's Occupation *Ship carpenter*
10. Father's Birthplace *Washington, D. C.*
- Name of Medical Attendant, or other Person who makes this Return. *Elizbeth Scarborough.*
- Address *No 226 Montgomery St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21048

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Oct. 4th 1897
4. Place of Birth (Street and Number) 130 Bond St.
5. Full Name of Mother Annice Umbach
6. Mother's Maiden Name Annice Hornman
7. Mother's Birthplace Germany
8. Full Name of Father George Umbach
9. Father's Occupation Shoemaker
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this return Mrs. Mary A. Reed
- Address 137 Maple St.
- Remarks 14

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21049

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Oct 4th 1877*

4. Place of Birth (Street and Number) *111 2nd St.*

5. Full Name of Mother *Heatie Bachert*

6. Mother's Maiden Name *Heatie Healy*

7. Mother's Birthplace *America*

8. Full Name of Father *Robert Bachert*

9. Father's Occupation *Ship Carpenter*

10. Father's Birthplace *America*

Name of Medical Attendant, or other Person who makes this return

Address *111 2nd St.*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or
 advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid,
 within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children
 born, its or their physical condition, whether still born or not, the full name, nativity, and residence of
 the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21050

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th Child*

1. Sex (state whether Male or Female) _____
 2. Race or Color (if not of the white race) *White*
 3. Date of Birth *October 2nd. 4. 1877*
 4. Place of Birth (Street and Number) *S. Essex St. No. 119.*
 5. Full Name of Mother *Katharina Colemann*
 6. Mother's Maiden Name *Katharina Schmidt*
 7. Mother's Birthplace *Baltimore City*
 8. Full Name of Father *Louis W. Colemann*
 9. Father's Occupation *Paper Book Maker*
 10. Father's Birthplace *Baltimore City*
- Name of Medical Attendant, or other Person who makes this return *Mary E. Muller*
- Address *N. Dallas St. No. 26.*
- Remarks _____

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~)

1. Sex (state whether Male or Female)

2. Race or Color (~~if not of the white race~~)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Oct. 4th
5- S. Durham St
Eva Kuvengel
" Kuvheausen
Germany
Alfred Kuvengel
Cigar Maker
Germany

W. H. Shepherd, M.D.
118, High St.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th child*

1. Sex (state whether Male or Female) *male*

2. Race or Color (if not of the white race) *colored*

3. Date of Birth *October 14th*

4. Place of Birth (Street and Number) *13 welcom alley*

5. Full Name of Mother *emeline worner*

6. Mother's Maiden Name *emeline filman*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *charles worner*

9. Father's Occupation *laborer*

10. Father's Birthplace *accamack county*

Name of Medical Attendant, or other Person who makes this return *mrs Lydia Porter*

Address *no 11 palpsco avenue*

Remarks *healthy child*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this return

Address

Remarks

1st
Male
Grippe
Oct 4th 1877
401 Right St.
Annie M. Vanill
Annie M. Smith
Baptist
Stephen J. Vanill Jr
Baptist weaver
Baltimore
Theodore Root m

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st *Stes Kind*

1. Sex (state whether Male or Female)

Sub.

2. Race or Color (if not of the white race)

Weiß

3. Date of Birth

geboren den 5^{ten} October

4. Place of Birth (Street and Number)

N^o 213. Bittel Str.

5. Full Name of Mother

Margrethe Keller

6. Mother's Maiden Name

Margrethe Beckhling

7. Mother's Birthplace

Deutschland

8. Full Name of Father

Jacob Keller

9. Father's Occupation

Handarbeiter

10. Father's Birthplace

Deutschland

Name of Medical Attendant, or other Person who makes this return

Friederike Kaufmann

Address *N^o 118 Corner of Lothian and Eastern St.*

Remarks

Heimlich

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar forthwith, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Oct. 3rd 1877*

4. Place of Birth (Street and Number) *Baltimore Cross St. No 429*

5. Full Name of Mother *Sophia Brown*

6. Mother's Maiden Name *Sophia Myers*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *Thomas Brown*

9. Father's Occupation *Bar. Keeper*

10. Father's Birthplace *Philadelphia*

Name of Medical Attendant, or other Person who makes this return *Wm. G. Mitchell*

Address *122 Parkin St*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born; its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).. 7th

1. Sex (state whether Male or Female) .. Male

2. Race or Color (if not of the white race) .. White

3. Date of Birth .. Friday, Oct 5th / 1877

4. Place of Birth (Street and Number) .. Col. Orlean C. Dallas

5. Full Name of Mother .. Emelia. Deitman

6. Mother's Maiden Name .. Emelia. Tuttle

7. Mother's Birthplace .. Germany

8. Full Name of Father .. John. Deitman

9. Father's Occupation .. Butcher

10. Father's Birthplace .. Germany

Name of Medical Attendant, or other Person who makes this Return. .. 125 N. E. Baltimore St

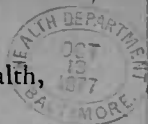
Address .. Mary Wilkin

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 5 October
4. Place of Birth (Street and Number) 105 Lane Street
5. Full Name of Mother Louisa Little
6. Mother's Maiden Name Kalk
7. Mother's Birthplace Germany
8. Full Name of Father Wilhelm Bornhauser
9. Father's Occupation Tailor
10. Father's Birthplace Germany
Name of Medical Attendant, or other Person who makes this return Sophia Simon
Address 407 C Granby
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21058

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *October 5th 1877*

4. Place of Birth (Street and Number) *York St #78*

5. Full Name of Mother *Ellen Smith Fitzgerald*

6. Mother's Maiden Name *" Quirk*

7. Mother's Birthplace *Ireland*

8. Full Name of Father *James Fitzgerald*

9. Father's Occupation *Laborer*

10. Father's Birthplace *Ireland*

Name of Medical Attendant, or other Person who makes this return *Mary Keefe*

Address *328 South Calver St*

Remarks

RETURN OF A BIRTH.

21059

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



Child of Mother, (state whether 1st, 2d, 3d, &c.)

(state whether Male or Female) female

or Color (if not of the white race) Colored

of Birth October 5

of Birth (Street and Number) 193 West Street

Name of Mother Catharine Scott

her's Maiden Name Catharine Walters

her's Birthplace Calvert County

Name of Father Moses Scott

her's Occupation Laborer

her's Birthplace Calvert County

ve of Medical Attendant, or other Person who makes this Return.

Caroline Fisher, 189 West Street
Midwife

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth Child*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *5th of October 1877*
4. Place of Birth (Street and Number) *27 North Howard Street*
5. Full Name of Mother *Abel Grace Palmer*
6. Mother's Maiden Name *Abel Grace Garrison*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Robert Garrison*
9. Father's Occupation *Writer*
10. Father's Birthplace *Baltimore*
Name of Medical Attendant, or other Person who makes this return *Ceresentia Finkbe*
Address *714 North Howard St*
Remarks *Place of Birth*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21061

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Oct 5th 1877*
4. Place of Birth (Street and Number) *No 217 Bolton St*
5. Full Name of Mother *Abbie C Spanier*
6. Mother's Maiden Name *Smith*
7. Mother's Birthplace *Boston Mass*
8. Full Name of Father *Charles Augustus Emanuel Spanier*
9. Father's Occupation *Afforney at Law*
10. Father's Birthplace *Baltimore*
Name of Medical Attendant, or other Person who makes this Return. *Elias C Price M.D.*
Address *No 2 Madison Av*
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21062

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

October 5th 1877

4. Place of Birth (Street and Number)

226 E. Pratt Street

5. Full Name of Mother

Sarah Eager Batchelor

6. Mother's Maiden Name

Sarah Ellen McCreedy

7. Mother's Birthplace

about Co. Md.

8. Full Name of Father

Wm. H. Batchelor

9. Father's Occupation

Trimmer

10. Father's Birthplace

Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return.

L. Lawson Watkins M.D.

Address

111 So. Broadway

Remarks

11

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

21063

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Colored
3. Date of Birth Oct 6th '77
4. Place of Birth (Street and Number) 106 Gasper St
5. Full Name of Mother Leah Franklin
6. Mother's Maiden Name Leah Bowen
7. Mother's Birthplace Balt Co Md
8. Full Name of Father Jno Franklin
9. Father's Occupation Walter
10. Father's Birthplace Lexington Va
- Name of Medical Attendant, or other Person who makes this Return. Edw G Walker Md
- Address 180 Linden Ave
- Remarks 20 a - easy -

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Oct. 6th 1877*
4. Place of Birth (Street and Number) *163 W. Lombard St (Maternity)*
5. Full Name of Mother *Mrs. Laura Richardson*
6. Mother's Maiden Name *Miller*
7. Mother's Birthplace *Baltimore County*
8. Full Name of Father *George Richardson*
9. Father's Occupation *Driver*
10. Father's Birthplace *Annapolis, Md.*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. Wm. Lombel*
- Address *163 W. Lombard St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21065



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 d.
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth October 6th, 1874
4. Place of Birth (Street and Number) 133 Bondstreet
5. Full Name of Mother Marie Beck
6. Mother's Maiden Name Marie Rith
7. Mother's Birthplace Baltimore
8. Full Name of Father Ernst Beck
9. Father's Occupation Salvemaker
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Marie R. Rudiger
- Address 134 Bondstreet
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Saturday Evening Oct, 6th 1877*
4. Place of Birth (Street and Number) *416 Somerset St.*
5. Full Name of Mother *Amie C. Rice*
6. Mother's Maiden Name *Amie C. Jenkins*
7. Mother's Birthplace *Baltimore Md.*
8. Full Name of Father *Henry E. Rice*
9. Father's Occupation *Baker*
10. Father's Birthplace *Vermont*
- Name of Medical Attendant, or other Person who makes this Return. *Wm. Brewster M.D.*
- Address *25 1/2 Somerset Ave.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Saturday Morning (Oct 6th. 1877)*
4. Place of Birth (Street and Number) *299. Forrest St.*
5. Full Name of Mother *Virginia Bollinger*
6. Mother's Maiden Name *Virginia News*
7. Mother's Birthplace *York Co. Pa.*
8. Full Name of Father *Charles Bollinger*
9. Father's Occupation *Employed on Sh. C. R. R.*
10. Father's Birthplace *York Co. Pa.*
- Name of Medical Attendant, or other Person who makes this Return. *William Brewster M.D.*
- Address *25 1/2 Greenmount Ave.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21068

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2th

1. Sex (state whether Male or Female)

Boy

2. Race or Color (if not of the white race)

White

3. Date of Birth

6 October

4. Place of Birth (Street and Number)

74 Thern Street

5. Full Name of Mother

Lina Krina

6. Mother's Maiden Name

Stachecki

7. Mother's Birthplace

Gnesen

Germany

8. Full Name of Father

Karl Stachecki

9. Father's Occupation

10. Father's Birthplace

Gosau

Germany

Name of Medical Attendant, or other Person who makes this return

Marie Guttner

Address

Wolfe Street No 245

Remarks

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2^d

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

Colored

3. Date of Birth

Oct 6th 1877

4. Place of Birth (Street and Number)

183 N. Caroline st

5. Full Name of Mother

Mary E. Gross.

6. Mother's Maiden Name

Mary E. Plash.

7. Mother's Birthplace

Estlin Shore of N.D.

8. Full Name of Father

William H. Gross.

9. Father's Occupation

Washington Barber

10. Father's Birthplace

Washington, D.C.

Name of Medical Attendant, or other Person who makes this Return.

Mary Wallis

Address

125 N. Caroline st.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21070

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Oct 6th

4. Place of Birth (Street and Number)

71 S. Idemp

5. Full Name of Mother

Jennie Colm

6. Mother's Maiden Name

Behrends

7. Mother's Birthplace

Germany

8. Full Name of Father

Arion Behrends

9. Father's Occupation

Butcher

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Getzke

Address

33 S. Bond St

Remarks

Balt Md

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Oct 6th 1877

4. Place of Birth (Street and Number)

312 Monument St

5. Full Name of Mother

Annie M. Gray

6. Mother's Maiden Name

Annie M. Chesney

7. Mother's Birthplace

Baltimore City

8. Full Name of Father

Augustus Gray

9. Father's Occupation

Bricklayer

10. Father's Birthplace

Washington

Name of Medical Attendant, or other Person who makes this Return

Mary Waller

Address

125 N. Caroline St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *9th*

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race) *White*

3. Date of Birth *October 2nd, 1877*

4. Place of Birth (Street and Number) *Friedrich St. No. 21*

5. Full Name of Mother *Wilhelmine Lindenstruth*

6. Mother's Maiden Name *Wilhelmine Heibel.*

7. Mother's Birthplace *Ortenberg, Gr. Hessen, Germany*

8. Full Name of Father *August W. Lindenstruth*

9. Father's Occupation *Restaurateur*

10. Father's Birthplace *Mainz, Gr. Hessen, Germany*

Name of Medical Attendant, or other Person who makes this return

Address *N. Dallas St. No. 26,*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 ^d
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth October 11th 1877
4. Place of Birth (Street and Number) 60 Leadenhall Street
5. Full Name of Mother Catharina Linberg
6. Mother's Maiden Name " " Wiegant
7. Mother's Birthplace Baltimore
8. Full Name of Father Charles Linberg
9. Father's Occupation Laborer
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this return Catharina Munch
- Address 74 Leadenhall Street
- Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity and residence of the parents; and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

210711

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Grand Child*
1. Sex (state whether Male or Female) *Boy*
2. Race or Color (if not of the white race) *with girl*
3. Date of Birth *6 of October 1877*
4. Place of Birth (Street and Number) *at Caroline Street 27402*
5. Full Name of Mother *Louise Werner*
6. Mother's Maiden Name *Louise*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *John Werner*
9. Father's Occupation *Boatman*
10. Father's Birthplace *Prussia Germania*
- Name of Medical Attendant, or other Person who makes this Return. *John Werner*
- Address *John Werner*
- Remarks

That any physician, nurse, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

110222.

RETURN OF A BIRTH.

24075

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Oct. 6. 1877

4. Place of Birth (Street and Number)

5. Full Name of Mother

Annus Weiss

6. Mother's Maiden Name

Beck

7. Mother's Birthplace

Leopoldsdorf, Prussia

8. Full Name of Father

Adolf Weiss

9. Father's Occupation

Wool worker

10. Father's Birthplace

Leopoldsdorf, Prussia

Name of Medical Attendant, or other Person who makes this return

Mrs. Johanna Praeger

Address

South Wolf str No 28

Remarks

Mrs. D. wife

to be by physician, accoucheur, midwife, or other person in charge, who shall attend. assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fifth (Twins)*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) _____
3. Date of Birth *October 6th 1877*
4. Place of Birth (Street and Number) *113 ~~4th~~ E. Biddle St*
5. Full Name of Mother *Elizabeth Hanson*
6. Mother's Maiden Name *" " A. Gardner*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *John A. Hanson*
9. Father's Occupation *Shoemaker*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Chas. A. Ellwell*
- Address *286 E. Donagh St*
- Remarks _____

For any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21077

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fifth*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *October 5th 1877*
4. Place of Birth (Street and Number) *No 136 Raborg St.*
5. Full Name of Mother *Mary L. Crutchfield*
6. Mother's Maiden Name *Mary L. Dorsey*
7. Mother's Birthplace *Fredrick co. Md.*
8. Full Name of Father *Louis Crutchfield*
9. Father's Occupation *Book*
10. Father's Birthplace *Virginia*
- Name of Medical Attendant, or other Person who makes this return *Mrs Jane Winnebarger*
- Address *23 N. Liberty St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, and their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21078

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth 6 October

4. Place of Birth (Street and Number) No 79 Fayette Street

5. Full Name of Mother Louisa Speler

6. Mother's Maiden Name Lutz

7. Mother's Birthplace Germany

8. Full Name of Father Johas Speler

9. Father's Occupation Carpenter

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this return Joseph Simon

Address No 70 Franklin Street

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21079

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex (state whether Male or Female)
2. Race or Color (if not of the white race)
3. Date of Birth
4. Place of Birth (Street and Number)
5. Full Name of Mother
6. Mother's Maiden Name
7. Mother's Birthplace
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address.

Remarks

Child
Male
White
Oct 6th 1877
186 Schepel St.
L. B. Simms
L. Bishop
Ginnroad
Thomas Simms
Laborer
America
Mrs Mary Simms
#213 Washington Str
J.P.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th Child
Male

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

Oct 6th 1877

4. Place of Birth (Street and Number)

293 Garrison St.

5. Full Name of Mother

Agnes Kessler

6. Mother's Maiden Name

Schulch

7. Mother's Birthplace

Germany.

8. Full Name of Father

Lorentz Kessler

9. Father's Occupation

Tailor

10. Father's Birthplace

Germany.

Name of Medical Attendant, or other Person who makes this Return.

J. Schwaiber midwife

Address

210 Cross St.

Remarks

In any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21081

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

6th Oct

4. Place of Birth (Street and Number)

201 Light

5. Full Name of Mother

Anna Miller

6. Mother's Maiden Name

" Smith

7. Mother's Birthplace

Baltimore

8. Full Name of Father

John Miller

9. Father's Occupation

Cigar Maker

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this return

Mary Smith

Address

328 South Enoch

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex (state whether Male or Female) *Female* *Alice* *a. 02*
(9/28/77)
2. Race or Color (if not of the white race) *White*
3. Date of Birth *October 6: 1877*
4. Place of Birth (Street and Number) *S. W. Cor. Carrollton Av. & Townsend St*
5. Full Name of Mother *Mrs. William Wilkens*
6. Mother's Maiden Name *Miss Catharine Garbner*
7. Mother's Birthplace *Germany*
8. Full Name of Father *W. Wilkens*
9. Father's Occupation *Manufacturer*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Christopher Johnson M.D.*
- Address *No. 82 Franklin St*
- Remarks *Tedious labor - Head presentation 3: pos.*
Forceps - Child & mother well.

any physician, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21083

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) - 8th
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth Oct 26 "1877
4. Place of Birth (Street and Number) 19 Bank St
5. Full Name of Mother Bridget Ann Donovan
6. Mother's Maiden Name " Philbin
7. Mother's Birthplace Ireland
8. Full Name of Father William Donovan
9. Father's Occupation
10. Father's Birthplace Ireland
- Name of Medical Attendant, or other Person who makes this return William Donovan
- Address 19 Bank St
- Remarks Mother and Child doing well

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21083 1/2

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



1877

No. of Child of Mother (state whether 1st, 2d, 3d, &c)

No 312 South Howard. Nov 19

1. Sex (state whether Male or Female)

male Colored

2. Race or Color (if not of the white race)

3. Date of Birth

Born October 23

4. Place of Birth (Street and Number)

312 Howard st

5. Full Name of Mother

Mary Williams Manchester Co Md

6. Mother's Maiden Name

7. Mother's Birthplace

Berlin Md

8. Full Name of Father

Robert Smith

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Annie Johnson

Address

Remarks

That any physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21084

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First Child*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Oct. 6th 1877*
4. Place of Birth (Street and Number) *No. 292, E. Pratt*
5. Full Name of Mother *May Disney*
6. Mother's Maiden Name *Dudley*
7. Mother's Birthplace *Virginia*
8. Full Name of Father *William Disney*
9. Father's Occupation *Bricklayer*
10. Father's Birthplace *Baltimore City*
- Name of Medical Attendant, or other Person who makes this Return. *W. J. Galt*
- Address *244*
- Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21083-

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Oct 6th 1877

4. Place of Birth (Street and Number) No 124 Pratt st.

5. Full Name of Mother Ellen Daily

6. Mother's Maiden Name Ellen Connolly

7. Mother's Birthplace Baltimore

8. Full Name of Father Frank Daily

9. Father's Occupation Grocer

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this return Dr. H. H. H. H.

Address No 182 Monument st

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21086

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~2~~ 5
1. Sex (state whether Male or Female) ~~Male~~ female
2. Race or Color (if not of the white race) white
3. Date of Birth October 7. 1877
4. Place of Birth (Street and Number) 74 Lancaster st
5. Full Name of Mother. Josephine Bellie
6. Mother's Maiden Name Josephine Brown
7. Mother's Birthplace Baltimore city
8. Full Name of Father William Bellie
9. Father's Occupation corker
10. Father's Birthplace Baltimore city
- Name of Medical Attendant, or other Person who makes this Return. Mary Conner 153
- Address choplank st
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21087

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *3^d*
1. Sex (state whether Male or Female) *female*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *October 7th 1877*
4. Place of Birth (Street and Number) *75. S. Patterson Park Av.*
5. Full Name of Mother *Kate V. Judson*
6. Mother's Maiden Name *" " Donohue*
7. Mother's Birthplace *Baltimore, Md.*
8. Full Name of Father *Charles Edwin Judson*
9. Father's Occupation *Caterer*
10. Father's Birthplace *Fredrick County, Md.*
- Name of Medical Attendant, or other Person who makes this Return. *J. G. Trausch M. D.*
- Address *27. N. Broadway*
- Remarks



advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

children
Female

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

White

3. Date of Birth

4 of October

4. Place of Birth (Street and Number)

Armistead Lane N. E.

5. Full Name of Mother

Julia Prantwein

6. Mother's Maiden Name

Julia Spack

7. Mother's Birthplace

Baltimore

8. Full Name of Father

John Prantwein

9. Father's Occupation

Barber

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Wm. Martin

Address

West St. N. 128

Remarks

1. The person attending the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21089

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Oct 7
4. Place of Birth (Street and Number) Madison St near Envor
5. Full Name of Mother Esther Ballard
6. Mother's Maiden Name Gleish
7. Mother's Birthplace Baltimore
8. Full Name of Father Frederick Ballard
9. Father's Occupation Coach Maker
10. Father's Birthplace Baltimore
Name of Medical Attendant, or other Person who makes this return Ursula J. Schuman
Address No 7 Forrest Place
Remarks

any physician, apothecary, nurse, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Oct 7
4. Place of Birth (Street and Number) 905 Gay St
5. Full Name of Mother Fanny Glazel
6. Mother's Maiden Name Davis
7. Mother's Birthplace Baltimore
8. Full Name of Father Wm Glazel
9. Father's Occupation Baltimore
10. Father's Birthplace Stationary
Name of Medical Attendant, or other Person who makes this return Mrs. T. Chrissner
Address No 8 Forrest Place
Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21091

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *34th Child*

1. Sex (state whether Male or Female) _____
2. Race or Color (if not of the white race) *White*
3. Date of Birth *October the 7. 1877*
4. Place of Birth (Street and Number) *Baron St. No. 29.*
5. Full Name of Mother *Margaretha Schulz*
6. Mother's Maiden Name *Margaretha Seifert*
7. Mother's Birthplace *Haingen, Pr. Hessen, Germany*
8. Full Name of Father *John B. Schulz*
9. Father's Occupation *Dr. Maker*
10. Father's Birthplace *Baltimore City*

Name of Medical Attendant, or other Person who makes this return *Mary E. Muller*

Address *N. Dallas St. No. 26.*

Remarks _____

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21092

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race)

3. Date of Birth *Oct 7th 1877*

4. Place of Birth (Street and Number) *153 S. Bond St*

5. Full Name of Mother *Sophia Miller*

6. Mother's Maiden Name *Chen*

7. Mother's Birthplace *Germans City*

8. Full Name of Father *John Miller*

9. Father's Occupation *Notions & Tailoring*

10. Father's Birthplace *Ct*

Name of Medical Attendant, or other Person who makes this return *Mrs. Elizabeth Buschman*

Address *120 B. St.*

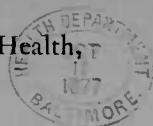
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21093

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *Oct 7th 1877*
4. Place of Birth (Street and Number) *75 O'Donnell str*
5. Full Name of Mother *Elizabetha Welsch*
6. Mother's Maiden Name *" Bauer*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Andreas Welsch*
9. Father's Occupation *Tailor*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this return *Mrs Elizabetha Buschmann*
- Address *120 Bank str.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

224.

RETURN OF A BIRTH.

210911



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th
1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) white
3. Date of Birth Feb. 7. 1877
4. Place of Birth (Street and Number) 2 Lombard St No. 344
5. Full Name of Mother Mary Bergheser
6. Mother's Maiden Name Herrmann
7. Mother's Birthplace Baltimore County
8. Full Name of Father Volentin Bergheser
9. Father's Occupation Musician
10. Father's Birthplace Truhenhausen Prussia
- Name of Medical Attendant, or other Person who makes this return Mrs. Johanna Raupach
- Address South Wolfe St No. 28
- Remarks Mr. Surge

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. 226.

RETURN OF A BIRTH.

21095

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

56

1. Sex (state whether Male or Female)

female

2. Race or Color (if not of the white race)

white

3. Date of Birth

Sept. 7. 1877

4. Place of Birth (Street and Number)

W. Wolfstr No 101.

5. Full Name of Mother

Mary Schwarzkopf

6. Mother's Maiden Name

Rumt

7. Mother's Birthplace

Tichte Oldenburg

8. Full Name of Father

Johann Schwarzkopf

9. Father's Occupation

Begonnenmacher

10. Father's Birthplace

Verberach Darmstadt

Name of Medical Attendant, or other Person who makes this return

Dr. Johannes Procopach

Address

South Wolfstr No 28

Remarks

live wife

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

110 2.25

RETURN OF A BIRTH.

21096



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

white

3. Date of Birth

Sept. 7. 1877

4. Place of Birth (Street and Number)

P. Lombard Str No 233.

5. Full Name of Mother

Anna Gerer

6. Mother's Maiden Name

Schmidt

7. Mother's Birthplace

Eckershausen Hessen Darmstadt

8. Full Name of Father

August Gerer

9. Father's Occupation

Schuhmacher

10. Father's Birthplace

Thurnburg

Name of Medical Attendant, or other Person who makes this return

Mrs. Johanna Baupreich

Address

South Wolf Str No 28

Remarks

live wife

Every person, assistant, clerk, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~)

1. Sex (~~state whether Male or Female~~)
2. Race or Color (~~if not of the white race~~)
3. Date of Birth
4. Place of Birth (Street and Number)
5. Full Name of Mother
6. Mother's Maiden Name
7. Mother's Birthplace
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Red 70. 11.
387 Scott St.
Ellad. S. Rigberds.
Ellad. S. Segment
Baltimore City,
Edwardy R. R. H.
Shipper.
Germany
John L. D. Mraz M.D.,
" "
City.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21098

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Tenth

1. Sex (state whether Male or Female)

Female,

2. Race or Color (if not of the white race)

3. Date of Birth

October 7th 1877

4. Place of Birth (Street and Number)

No 3 Jackson Court

5. Full Name of Mother

Lizzie Myers

6. Mother's Maiden Name

7. Mother's Birthplace

Germany

8. Full Name of Father

George Myers

9. Father's Occupation

Boatman

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this return

Mrs Jane Winchberger
23 N. Liberty

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether ~~Male~~ or Female)

2. Race or Color (if not of the white race)

3. Date of Birth *October 17th 1877*

4. Place of Birth (Street and Number) *No. 460 E. Monument st*

5. Full Name of Mother *Mary Elizabeth Kuzz*

6. Mother's Maiden Name *" "* *O'Brien*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *Andrew Jackson Kuzz*

9. Father's Occupation *Carpenter*

10. Father's Birthplace *North-Carolina*

Name of Medical Attendant, or other Person who makes this Return. *Wm. S. Kimmel*

Address *Broadway & Madison St*

Remarks

that any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21400.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Female
White
Oct 7th 97
No 1 Hammar
Mary Della
Mary Ross
Ma
Peter Della
Laborer
Ma
263 North Ave
17 Hammar

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21101



To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 18 7 October 1877
4. Place of Birth (Street and Number) 11 The ...
5. Full Name of Mother Elizabeth ...
6. Mother's Maiden Name Mary Ann ...
7. Mother's Birthplace Essex County, Mass.
8. Full Name of Father John ...
9. Father's Occupation Barber
10. Father's Birthplace Essex County, Mass.
- Name of Medical Attendant, or other Person who makes this Return. Dr. ...
- Address 11 The ...
- Remarks With ...

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21102



To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7
- Sex (state whether Male or Female) Male
- Race or Color (if not of the white race) white
- Date of Birth 7 October 1877
- Place of Birth (Street and Number) No 109 South Street
- Full Name of Mother Emily Smith
- Mother's Maiden Name Emily Anderson
- Mother's Birthplace Baltimore Md
- Full Name of Father William Smith
- Father's Occupation Carpenter
- Father's Birthplace Baltimore Md
- Name of Medical Attendant, or other Person who makes this Return. Dr. J. M. Smith
- Address 109 South Street
- Remarks Mother and child are well

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21103



To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race)
3. Date of Birth *7th of October*
4. Place of Birth (Street and Number) *107 Cathedral St.*
5. Full Name of Mother *Sarah Johnson*
6. Mother's Maiden Name *Richmond*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *James Johnson*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Harford County*
- Name of Medical Attendant, or other Person who makes this Return *Charlotte E. C. C.*
- Address *169 Cathedral St.*
- Remarks

RETURN OF A BIRTH.

21104

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

male

2. Race or Color (if not of the white race)

3. Date of Birth

Oct 7th 1877

4. Place of Birth (Street and Number)

22 Market Space

5. Full Name of Mother

Mary Sullivan

6. Mother's Maiden Name

Mary Snyder

7. Mother's Birthplace

Ireland

8. Full Name of Father

Timothy Sullivan

9. Father's Occupation

Printer

10. Father's Birthplace

Ireland

Name of Medical Attendant, or other Person who makes this return

Dr. C. B. B. B.

Address

52 E Lombard Str.

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

21105

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

No of son Child Mother

1 See State whether male

Race or color

Birth 7 days

Place of Birth Selhorn street

Calline Wheeler

No 9

Baltimore City Maryland

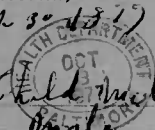
John Turner

Steamer door round the Wharf

Aruner County Maryland

Margaret Spriggs

Beach at No 2 Between Hamburg and Ketter



advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21106

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First Child*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Oct. 7th 1877*
4. Place of Birth (Street and Number) *10. 11th E. 11th St. Balt.*
5. Full Name of Mother *Mary Flynn*
6. Mother's Maiden Name *Frank*
7. Mother's Birthplace *Balt. City*
8. Full Name of Father *Patrick Flynn*
9. Father's Occupation *Brake Man*
10. Father's Birthplace *Ireland*
- Name of Medical Attendant, or other Person who makes this Return. *Wm. J. Gentry*
- Address *244 H. Bond*
- Remarks

Return at the birth of every child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21107



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th child*
1. Sex (state whether Male or Female) *female*
2. Race or Color (if not of the white race) *colored*
3. Date of Birth *Oct 7th*
4. Place of Birth (Street and Number) *318 Cross Street*
5. Full Name of Mother *Jenny Wesley*
6. Mother's Maiden Name *Jenny Selser*
7. Mother's Birthplace *annapolis*
8. Full Name of Father *Francis Wesley*
9. Father's Occupation *laborer*
10. Father's Birthplace *Baltimore*
Name of Medical Attendant, or other Person who makes this return *Mrs Lydia Porter*
Address *no 4 pat's convenience*
Remarks *healthy child*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th
1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) white
3. Date of Birth Oct. 8th
4. Place of Birth (Street and Number) 89 Bank
5. Full Name of Mother Mary F. Kenly
6. Mother's Maiden Name Murphy
7. Mother's Birthplace Harford co. Md
8. Full Name of Father Benj. F. Kenly
9. Father's Occupation Dealer in Building materials
10. Father's Birthplace Harford co. Md.
Name of Medical Attendant, or other Person who makes this Return. Dr. R. W. Mansfield
Address 117 S. Broadway
Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21109

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (~~state whether Male or Female~~)

2. Race or Color (if not of the white race)

3. Date of Birth

October 8th, 1877

4. Place of Birth (Street and Number)

78 W. Alington Ave

5. Full Name of Mother

Caroline Euckhart

6. Mother's Maiden Name

" Miller

7. Mother's Birthplace

Mo

8. Full Name of Father

Charles F. Euckhart

9. Father's Occupation

Andy. Manufacture

10. Father's Birthplace

Mo

Name of Medical Attendant, or other Person who makes this Return.

Geo H. Dwyer

Address

Remarks

1 Maunley Terrace

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *b. d.*
1. Sex (state whether Male or Female) *Female.*
2. Race or Color (if not of the white race)
3. Date of Birth *October 8th 1877.*
4. Place of Birth (Street and Number) *William Street No 192.*
5. Full Name of Mother *Theresa Freshmann*
6. Mother's Maiden Name *Theresa Humann*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Bernhard Freshmann*
9. Father's Occupation *House Keeper*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this return *Gustavus Breune*
- Address *114 Bakery St.*
- Remarks

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3^d

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

October the 8th 1877

4. Place of Birth (Street and Number)

45 Lomburg Street

5. Full Name of Mother

Fredrika Freidag

6. Mother's Maiden Name

" " "Tisserer

7. Mother's Birthplace

Germany

8. Full Name of Father

Theodor Freidag

9. Father's Occupation

Tailor

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who

Catharina Münch

Address

74 Leadenhall Street

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

211121



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second Child*

1. Sex (state whether Male or Female) *Girl*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *1st of October 1877*

4. Place of Birth (Street and Number) *St. Ignace Court*

5. Full Name of Mother *Anna Dangler*

6. Mother's Maiden Name *Anna Tabin*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *1 Ludw. Tabin*

9. Father's Occupation *the Grocer*

10. Father's Birthplace *Germany*

Name of Medical Attendant, or other Person who makes this return *Represented by a*

Address *11, 2213 Chapel St*

Remarks *Healthy*

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21113

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8 child*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *8 October*
4. Place of Birth (Street and Number) *12 Fayette St*
5. Full Name of Mother *Mary Lippich*
6. Mother's Maiden Name *Mary Sullivan*
7. Mother's Birthplace *Ireland*
8. Full Name of Father *John Lippich*
9. Father's Occupation *Taylor*
10. Father's Birthplace *Ireland*
- Name of Medical Attendant, or other Person who makes this return *Mrs Eliza Fleming*
- Address *77 Allemaule St*
- Remarks *Baltimore Md*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

40227
15
935

RETURN OF A BIRTH.

21184

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

white

3. Date of Birth

Sept. 8. 1877

4. Place of Birth (Street and Number)

South Duhamel St No 43

5. Full Name of Mother

Anna Schmidt

6. Mother's Maiden Name

Schmiescher

7. Mother's Birthplace

Deering, Prussia

8. Full Name of Father

Joseph Schmidt

9. Father's Occupation

Taylor

10. Father's Birthplace

Prussia, Prussia

Name of Medical Attendant, or other Person who makes this return

Dr. Johann Kropf

Address

South Wolf St No 28

Remarks

and wife

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21115

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7 children

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

Eight 8 October 1877

4. Place of Birth (Street and Number)

211 Inceor

5. Full Name of Mother

Eliza Ellen Green

6. Mother's Maiden Name

" " Hains

7. Mother's Birthplace

Baltimore Md

8. Full Name of Father

Samuel Green

9. Father's Occupation

Moulder

10. Father's Birthplace

England

Name of Medical Attendant, or other Person who makes this Return.

Geo. W. Wayson M.D.

Address

18 Ausguth St

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21116

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second -
Female,
White

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

Oct. 8th - 1877

4. Place of Birth (Street and Number)

S. W. Cor. Rock & Saratoga
Sarah Jane McLean

5. Full Name of Mother

6. Mother's Maiden Name

Gosnell

7. Mother's Birthplace

Balto City

8. Full Name of Father

John Wallas McLean

9. Father's Occupation

Clerk

10. Father's Birthplace

Balto. City

Name of Medical Attendant, or other Person who makes this Return

Louis W. Knight M.D.

Address

112 N. Greene St.

Remarks

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21117

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



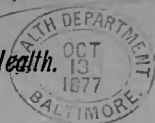
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First 11*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *8th October 1877*
4. Place of Birth (Street and Number) *315 Orleans St*
5. Full Name of Mother *Ellen Lucretia Gecompte*
6. Mother's Maiden Name *Ellen Lucretia Foss*
7. Mother's Birthplace *Baltimore City*
8. Full Name of Father *George Thomas Gecompte*
9. Father's Occupation *Merch.*
10. Father's Birthplace *Baltimore City*
- Name of Medical Attendant, or other Person who makes this Return. *Amanda M. Lane*
- Address *323 E. Monument St*
- Remarks *Baltimore, Md*

advise of the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21118

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex (state whether Male or Female)

Female White

2. Race or Color (if not of the white race)

3. Date of Birth

Oct 8

4. Place of Birth (Street and Number)

60 Mc Elroy St

5. Full Name of Mother

Eliza Rosen

6. Mother's Maiden Name

Eliza Kieffer

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Frederick Rodantob

9. Father's Occupation

Boat maker

10. Father's Birthplace

Chenango Co. New York

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21119

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth
Male
White

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

Oct 8th 1877

4. Place of Birth (Street and Number)

Castle St Pratt Lombard

5. Full Name of Mother

R. E. Rosier Good Str

6. Mother's Maiden Name

Kate E. Rosier

7. Mother's Birthplace

America

8. Full Name of Father

Wm Good

9. Father's Occupation

Labourer

10. Father's Birthplace

America

Name of Medical Attendant, or other Person who makes this Return.

Mrs Mary Collins

Address

23 Washington Str

Remarks

advice at the birth of any child within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

21120

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

four
~~Male~~ Male

1. Sex (state whether Male or Female)

~~Male~~

White

2. Race or Color (if not of the white race)

3. Date of Birth

October 8 1877

4. Place of Birth (Street and Number)

Downer St No 5

5. Full Name of Mother

Rachel W. ~~Garrison~~ Night

6. Mother's Maiden Name

Rachel W. Garrison

7. Mother's Birthplace

Baltimore

8. Full Name of Father

William J. Night

9. Father's Occupation

Rolling mill man

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs Ann E. Ball

Address

No 171 South Chester St

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th child
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) _____
3. Date of Birth Oct 8th 1877
4. Place of Birth (Street and Number) at 5 Street st.
5. Full Name of Mother Wilhelmine Bauer
6. Mother's Maiden Name Brandt
7. Mother's Birthplace America
8. Full Name of Father Carl Bauer
9. Father's Occupation works in iron furnace
10. Father's Birthplace America
- Name of Medical Attendant, or other Person who makes this Return. J. Lohgasser midwife
- Address on Cross st.
- Remarks _____

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex (state whether Male or Female) Female -
2. Race or Color (if not of the white race) White
3. Date of Birth Oct. 8 - 1877 -
4. Place of Birth (Street and Number) No. 18 N. Mount St -
5. Full Name of Mother Lavencia A. Miller
6. Mother's Maiden Name L. A. Supplee
7. Mother's Birthplace Balto. Md.
8. Full Name of Father Edward M. Miller
9. Father's Occupation Wholesale Druggist
10. Father's Birthplace Balto. Md.
Name of Medical Attendant, or other Person who makes this Return. John B. King, M.D.
Address Edmondson Ave
Remarks West of Carrollton Ave.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~) *4th*

1. Sex (~~state whether Male or Female~~)

2. Race or Color (~~if not of the white race~~)

3. Date of Birth

October, 8th 4 a.m.

4. Place of Birth (Street and Number)

205 N Eutaw St

5. Full Name of Mother

Annie R. Allen

6. Mother's Maiden Name

" " Warner

7. Mother's Birthplace

Baltimore

8. Full Name of Father

George Washington Allen

9. Father's Occupation

Painter

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

A. J. Sherkes M.D.

Address

11 S. High St

Remarks

relative at the birth of my child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third Child*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Colored.*
3. Date of Birth *8th of Dec.*
4. Place of Birth (Street and Number) *329 on Lexington St.*
5. Full Name of Mother *Jessie P. W. Donnell*
6. Mother's Maiden Name *J. W. Donnell*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *W. H. Donnell*
9. Father's Occupation *W. H. Donnell*
10. Father's Birthplace *W. H. Donnell*

Name of Medical Attendant, or other Person who makes this Return. *Dr. W. H. Donnell*

Address

Remarks

*#134 S. Calver St.
Baltimore.*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21125

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c)

the first child

1. Sex (state whether Male or Female)

this is a male child

2. Race or Color (if not of the white race)

this is a Colored child

3. Date of Birth

October 28 - 1877

4. Place of Birth (Street and Number)

Stockholing St No. 2

5. Full Name of Mother

Heney children

6. Mother's Maiden Name

Heney Camel

7. Mother's Birthplace

Annapolis

8. Full Name of Father

Robert Camel

9. Father's Occupation

Cuppler Shucker

10. Father's Birthplace

Pentland, Queen Ann County Md

Name of Medical Attendant, or other Person who makes this Return.

Barbette St. Johnson

Address

South Warner St

Remarks

No 171

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21126

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

third

1. Sex (state whether Male or Female)

female

2. Race or Color (if not of the white race)

white

3. Date of Birth

October 8th 1877

4. Place of Birth (Street and Number)

No. 412 E. Monument St.

5. Full Name of Mother

Therasy Plandholdt

6. Mother's Maiden Name

Thrase Olbert.

7. Mother's Birthplace

Hessen Germany.

8. Full Name of Father

John Plandholdt

9. Father's Occupation

Shoemaker

10. Father's Birthplace

Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

Mrs. M. A. Batt.

Address

No. 181 N. Central ave.

Remarks

He Well.

and, as at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH.

21127

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex (state whether Male or Female) *Male.*
2. Race or Color (if not of the white race)
3. Date of Birth *9th of October.*
4. Place of Birth (Street and Number) *Federal Court. No number.*
5. Full Name of Mother *Ann E. Ray*
6. Mother's Maiden Name *Burbridge*
7. Mother's Birthplace *Pennsylvania*
8. Full Name of Father *John Ray*
9. Father's Occupation *Painter*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Charlotte Crosby*
- Address *369 Cathedral St.*
- Remarks

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21128

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *7th*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Oct-9th*
4. Place of Birth (Street and Number) *N.E. Cor Arlington Ave & Lemon Alley*
5. Full Name of Mother *Victoria Devaughn*
6. Mother's Maiden Name *Reese*
7. Mother's Birthplace *Virginia*
8. Full Name of Father *Charles Devaughn*
9. Father's Occupation *Labourer*
10. Father's Birthplace *Washington D.C.*
Name of Medical Attendant, or other Person who makes this Return. *Thomas Apin M.D.*
Address *396 W Fayette*
Remarks *Premature at 7 months*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *October 9th 1877.*
4. Place of Birth (Street and Number)
5. Full Name of Mother *Esther Hunt No. 10.*
6. Mother's Maiden Name *Anna Imperia Jones.*
7. Mother's Birthplace *Baltimore Md.*
8. Full Name of Father *Death.*
9. Father's Occupation
10. Father's Birthplace
- Name of Medical Attendant, or other Person who makes this return *Dorothea Braune*
- Address *114 Battery St.*
- Remarks *Father of the child is Death not married.*

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1 child*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *9 October*
4. Place of Birth (Street and Number) *12 Albemarle St*
5. Full Name of Mother *Minnie McAdams*
6. Mother's Maiden Name *Minnie Price*
7. Mother's Birthplace *Tulsa*
8. Full Name of Father *Anna McAdams*
9. Father's Occupation *Factor*
10. Father's Birthplace *Tulsa*
- Name of Medical Attendant, or other Person who makes this return *Mrs. Eliza Fleming*
- Address *17 Albemarle St*
- Remarks *Bathetic mol*

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2/1/30

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th child*
1. Sex (state whether Male or Female) *male*
2. Race or Color (if not of the white race) *colored*
3. Date of Birth *Oct 9th 1877*
4. Place of Birth (Street and Number) *3 Hamburg St*
5. Full Name of Mother *Larry Green*
6. Mother's Maiden Name *" Thomas*
7. Mother's Birthplace *Balt City*
8. Full Name of Father *Joseph Green*
9. Father's Occupation *laborer*
10. Father's Birthplace *N. Carolina*

Name of Medical Attendant, or other Person who makes this return

Anna Scott

Address

10 Winter St

Remarks

This child lived two days - was born Prematurely - & died from Weakness

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21131

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st child
1. Sex (state whether Male or Female) _____
2. Race or Color (if not of the white race) W.
3. Date of Birth Oct 9 1877
4. Place of Birth (Street and Number) N. 2 Bismarck
5. Full Name of Mother Mary Riley
6. Mother's Maiden Name Mary J. Davis
7. Mother's Birthplace Ireland
8. Full Name of Father Benjamin Riley
9. Father's Occupation Engineer
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who
makes this Return. C. H. Williams M.D.

Address 7-5 Franklin

Remarks W. C.

and, in case of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2/1/32

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) Colored

3. Date of Birth Oct 9

4. Place of Birth (Street and Number) 128 Charlton Dallas St

5. Full Name of Mother Anna Annie Johnson

6. Mother's Maiden Name Annie Day

7. Mother's Birthplace Baltimore

8. Full Name of Father Richard Johnson

9. Father's Occupation Steamboat Cook

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Johnson

Address no 32 - 21st St

Remarks healthy child

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

21133

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *5th*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *9th Oct*

4. Place of Birth (Street and Number) *Bethel Bet. Wilken and Fayette*

5. Full Name of Mother *Bertha Langguth*

6. Mother's Maiden Name *"*

7. Mother's Birthplace *Germany*

8. Full Name of Father *Bernard Bunnmyer*

9. Father's Occupation *Regular U. S. A.*

10. Father's Birthplace *Germany*

Name of Medical Attendant, or other Person who makes this Return. *Mrs. A. Schulze 74 Orleans St*

Address *174 Orleans*

Remarks *Very Healthy*

notice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex (state whether Male or Female)
2. Race or Color (if not of the white race)
3. Date of Birth
4. Place of Birth (Street and Number)
5. Full Name of Mother
6. Mother's Maiden Name
7. Mother's Birthplace
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Fountain
Male
White
Oct 9th 1877
Fountain St
C. R. Puffer
Richer
America
Geo. Puffer
Laborer
Germany
Mrs. Mary A. Puffer
213 Washington St
J. P.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.



To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. Oct 11th 1877.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Oct 5th 1877*
4. Place of Birth (Street and Number) *380 New Phiceanna St.*
5. Full Name of Mother *Christina Heise*
6. Mother's Maiden Name *Christina Hagedorn*
7. Mother's Birthplace *American*
8. Full Name of Father *Henry Heise*
9. Father's Occupation *Labourer*
10. Father's Birthplace *American*
- Name of Medical Attendant, or other Person who makes this return *Mrs. M. Amend*
- Address *1107 Wolfe St.*
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21136

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *one Child one mother*
1. Sex (state whether Male or Female) *male*
2. Race or Color (if not of the white race) *Colored race*
3. Date of Birth *oct the 9-18-77*
4. Place of Birth (Street and Number) *Marcelday St 610 Baltimore*
5. Full Name of Mother
6. Mother's Maiden Name *Rachel Ann Calman*
7. Mother's Birthplace *Dorchester County Md*
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace
- Name of Medical Attendant, or other Person who makes this Return. *Lucinda Woolford*
- Address *Regester St 130 Baltimore Md*
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21137

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fifth*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Oct 15*

4. Place of Birth (Street and Number) *324 Hamburg St*

5. Full Name of Mother *Tarnish Anderson*

6. Mother's Maiden Name *Brooks*

7. Mother's Birthplace *Virginia*

8. Full Name of Father *John Anderson*

9. Father's Occupation *Minister*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this return *Mary Kane*

Address *328 South Ealing St*

Remarks *[Signature]*

RETURN OF A BIRTH.

21138

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



Child of Mother (state whether 1st, 2d, 3d, &c.)

Sex whether Male or Female

Color (if not of the white race)

Age at Birth

Place of Birth (Street and Number)

Name of Mother

Maiden Name

Birthplace

Name of Father

Occupation

Birthplace

Name of Medical Attendant, or other Person who makes this Return.

female

white

the 4th of the month

Durham st No 71

Martina McGinnis

McGinnis

Ireland

William McGinnis

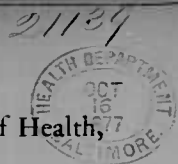
laborer

Ireland

Mrs. Gentry

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth October 9th 1897
4. Place of Birth (Street and Number) 215 St. Paul St.
5. Full Name of Mother. Grace Rose
6. Mother's Maiden Name " Stansbury
7. Mother's Birthplace Maryland
8. Full Name of Father Charles Rose
9. Father's Occupation Leveller
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this return John Morris M.D.
- Address ex. 5, Franklin St. Baltimore, Md.
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this return

Address

Remarks

male

9th October 1877

- Exeter St.

Eliza Burns

Secrast

U. States

Wm Burns

Lumber

U. States

Sarah Gasper

32 E. Corn Land

native at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21141

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race)
3. Date of Birth *October 9th 1877*
4. Place of Birth (Street and Number) *No 54 McElinan St*
5. Full Name of Mother *Elizabeth C. Merriken*
6. Mother's Maiden Name *Elizabeth C. Lee*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *James J. Merriken*
9. Father's Occupation *Cannemaker*
10. Father's Birthplace *Baltimore*
Name of Medical Attendant, or other Person who makes this Return *Mary et Allwell*
Address *286 N. Trench St*
Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

211421

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Seventh

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

October 9th

4. Place of Birth (Street and Number)

161 S. Fullen St

5. Full Name of Mother

M. E. Gaudan

6. Mother's Maiden Name

M. E. Gode

7. Mother's Birthplace

Howard County Md.

8. Full Name of Father

John Gaudan

9. Father's Occupation

Carpenter

10. Father's Birthplace

Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

M. J. Seaman

Address

No. 435 N. Molenberg St

Remarks

Well, healthy

notwise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21143



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) _____
3. Date of Birth *Oct 9th 1877*
4. Place of Birth (Street and Number) *Car Ann & Bank St*
5. Full Name of Mother *Lillian Shroyard*
6. Mother's Maiden Name *" Paulstick*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Carl Shroyard*
9. Father's Occupation *Shoemaker*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this return *Mrs Elizabeth Buschman*
- Address *120 Bank St*
- Remarks _____

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21144

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)
2. Race or Color (if not of the white race)
3. Date of Birth
4. Place of Birth (Street and Number)
5. Full Name of Mother
6. Mother's Maiden Name
7. Mother's Birthplace
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this return

Address

Remarks

Female
White
Oct 9th 1877
166 Johnson
Mary M. Rogers
Mary M. Rogers
Baltimore
Ballard, B. S. Rogers
Copper
New York
Theodore Loomis

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21143

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this return

Address

Remarks

geb
Male
White
Oct 9th 1877
238 Hazard St
Dorcas R. White
Dorcas R. Higgins
Edwin Ann. Higgins
Lip. A. White
Fuekyter
Dorchester Co
Theodore Pratt M.D.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21146

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th*
 1. Sex (state whether Male or Female) *Male*
 2. Race or Color (if not of the white race) *White*
 3. Date of Birth *10 of Oct. 1877*
 4. Place of Birth (Street and Number) *1374 Harrison St.*
 5. Full Name of Mother *Amelia Kahn*
 6. Mother's Maiden Name *Leventhal*
 7. Mother's Birthplace *Bavaria Germany*
 8. Full Name of Father *Bernhard Kahn*
 9. Father's Occupation *Butler*
 10. Father's Birthplace *Sax. Weimar Germany, Eschenhaus.*
 Name of Medical Attendant, or other Person who makes this return *Mrs. Dr. Reiss*
 Address *Friedrich St. 26*
 Remarks

arrive at the birth of any child, within the City of Baltimore, and report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Oct 10th

4. Place of Birth (Street and Number)

322 Siden St

5. Full Name of Mother

Callie Edward

6. Mother's Maiden Name

Callie Hubbard

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Lewis Edward

9. Father's Occupation

Painter

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Catherine Warner

Address

174 106 West St

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 child
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Color
3. Date of Birth Oct 10 1877
4. Place of Birth (Street and Number) No 190 Rabon Street Balt. Md.
5. Full Name of Mother Sarah Jane Gailor
6. Mother's Maiden Name Sarah Jane Hunt
7. Mother's Birthplace New Town Hanover Co Maryland
8. Full Name of Father Henry St. Gailor
9. Father's Occupation Sailor
10. Father's Birthplace Saint Louis
- Name of Medical Attendant, or other Person who makes this Return. Mary J. Dennis
- Address No 154 York St (mid wife)
- Remarks no medical attendant

advised at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2111-9

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Three*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race)

3. Date of Birth *October 10, 1877*

4. Place of Birth (Street and Number) *94 N. Harry*

5. Full Name of Mother *Elizabeth Hays*

6. Mother's Maiden Name *Elizabeth Drillel*

7. Mother's Birthplace *Hatfield, N. S.*

8. Full Name of Father *Richard Charles Hays*

9. Father's Occupation *Commission Merchant*

10. Father's Birthplace *Hatfield, N. S.*

Name of Medical Attendant, or other Person who
makes this Return.

Address *181 Madison Ave*

Remarks

W. J. Howard

to be made in the case of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21150

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7 d.

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth October 10 d. 1877

4. Place of Birth (Street and Number) 85 S. Bond St

5. Full Name of Mother Laise Schneider

6. Mother's Maiden Name Laise Kerner

7. Mother's Birthplace Baltimore

8. Full Name of Father Wilhelm Schneider

9. Father's Occupation Shoemaker

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. M. R. Rudiger

Address 134 S. Bond St

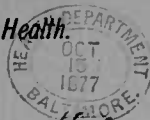
Remarks

Having at the birth of any child, within two days of its birth, and report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21151

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *one child one mother*
1. Sex (state whether Male or Female) *female*
2. Race or Color (if not of the white race) *Colored Child*
3. Date of Birth *Oct the 10-18-77*
4. Place of Birth (Street and Number) *Pine Gate 916 Baltimore*
5. Full Name of Mother *Frances Jane Jones*
6. Mother's Maiden Name *Frances Jones White*
7. Mother's Birthplace *Baltimore Co Md*
8. Full Name of Father *David Jones*
9. Father's Occupation *Coal Miner*
10. Father's Birthplace *Sulphur W. Virginia*
- Name of Medical Attendant, or other Person who makes this Return. *Lucinda Woolford*
- Address *Registrar St 130 Baltimore*
- Remarks

Return of a Birth, Baltimore, and report to the Registrar of Births, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Child

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

3. Date of Birth

Oct 10th 1877

4. Place of Birth (Street and Number)

12356 Sharp St.

5. Full Name of Mother

Emma Brown

6. Mother's Maiden Name

Prine

7. Mother's Birthplace

America

8. Full Name of Father

Franklin Brown

9. Father's Occupation

Police officer

10. Father's Birthplace

America

Name of Medical Attendant, or other Person who makes this Return.

J. Schwab

Address

213 Cross St.

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th Child
Female

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

Oct 10 th 1877
No 62 Henrietta st.
Mary Patterson
Christmann

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

America
Harry Patterson
Printer
America

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

J. Schuesser midwife
213 Cross st.

Address

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

211371



To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Oct 12 1877

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex (state whether Male or Female) glc.

2. Race or Color (if not of the white race) White

3. Date of Birth Oct 10 1877

4. Place of Birth (Street and Number) 20 Durham St

5. Full Name of Mother Lora S. Bond

6. Mother's Maiden Name Lora Bushard

7. Mother's Birthplace America

8. Full Name of Father F. Bond

9. Father's Occupation Laborer

10. Father's Birthplace America

Name of Medical Attendant, or other Person who makes this return

Miss Mary Amend

Address 1213 1/2 N. 1st St.

Remarks

as well as at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY. Oct. 12th 1877

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex (state whether Male or Female) *Male*
 2. Race or Color (if not of the white race) *White*
 3. Date of Birth *Oct 10th 1877*
 4. Place of Birth (Street and Number) *221 Ann St.*
 5. Full Name of Mother *Maggie Hassel*
 6. Mother's Maiden Name *Maggie Appel*
 7. Mother's Birthplace *Prussia*
 8. Full Name of Father *Robert Hassel*
 9. Father's Occupation *Farmer*
 10. Father's Birthplace *Prussia*

Name of Medical Attendant, or other Person who makes this return

Address *1st N. Ave St*

Remarks

advised at the birth of any child, within the City of Baltimore, and report to the Registrar of Births, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21156

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th Child*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *10th October*
4. Place of Birth (Street and Number) *No 31 Bevan St.*
5. Full Name of Mother *Bridget Burns*
6. Mother's Maiden Name *Bridget Curry*
7. Mother's Birthplace *Galway County Ireland.*
8. Full Name of Father *Nicholas Burns*
9. Father's Occupation *Plasterer*
10. Father's Birthplace *Galway County Ireland.*
- Name of Medical Attendant, or other Person who makes this Return. *Elizabeth Scarborough.*
- Address *No 220 Montgomery St.*
- Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex (state whether Male or Female)
2. Race or Color (if not of the white race)
3. Date of Birth
4. Place of Birth (Street and Number)
5. Full Name of Mother
6. Mother's Maiden Name
7. Mother's Birthplace
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

First
Male
White
Oct 10 - 1877
N. E. cor. Holloman Ave
C. G. Milner
C. Graubing
America
Frank Willner
Copper
German
Mr Mary E. Collins
213 Washington St
J. P.

RETURN OF A BIRTH.

21158

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) colored.
3. Date of Birth Oct. 10th
4. Place of Birth (Street and Number) Chesapeake St. No. 1
5. Full Name of Mother Mary O'Leary
6. Mother's Maiden Name Mary Noah
7. Mother's Birthplace Baltimore
8. Full Name of Father John O'Leary
9. Father's Occupation Writer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Lucy O'Leary
- Address 134 S. Calver St.
- Remarks Baltimore

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21159



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Birth day of Oct 1877*

4. Place of Birth (Street and Number) *Cross St. No. 317*

5. Full Name of Mother *Ellen Edgus Schaffer*

6. Mother's Maiden Name *Ellen Edgus Schaffer*

7. Mother's Birthplace *Baltimore Maryland*

8. Full Name of Father *Thomas Orlando Moore*

9. Father's Occupation *Mariner*

10. Father's Birthplace *Northumberland co Virginia*

Name of Medical Attendant, or other Person who makes this Return. *Dr. Conway*

Address *No 134 Bating Ave*

Remarks *Healthy in every respect*

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Arrives at the birth of any child, within the City of Baltimore, shall report to the Registrar of Births, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21160

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th ch
1. Sex (state whether Male or Female) M
2. Race or Color (if not of the white race) W
3. Date of Birth Oct 11 1877
4. Place of Birth (Street and Number) N. 287 Lawrence St
5. Full Name of Mother Elizabeth Bigler
6. Mother's Maiden Name Rice
7. Mother's Birthplace Balt
8. Full Name of Father Wm H Bigler
9. Father's Occupation Merchant
10. Father's Birthplace Balt
- Name of Medical Attendant, or other Person who makes this Return. Dr. J. H. ...
- Address 23 Franklin St
- Remarks B.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born; its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21161

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Second child*
1. Sex (state whether Male or Female) *W*
2. Race or Color (if not of the white race) *W*
3. Date of Birth *Feb 10 1877*
4. Place of Birth (Street and Number) *N. 40 Fisher*
5. Full Name of Mother *Mary Butt*
6. Mother's Maiden Name *Mary Jones*
7. Mother's Birthplace *Baltimore Md*
8. Full Name of Father *Wm H Butt*
9. Father's Occupation *officer*
10. Father's Birthplace *Baltimore Md*
- Name of Medical Attendant, or other Person who makes this Return. *C. H. Patterson M.D.*
- Address *28 Franklin*
- Remarks *Bull.*

advise at the birth of any child with in the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

21162



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth October 10th 1877
4. Place of Birth (Street and Number) No 840 Pratt St
5. Full Name of Mother Paulina Glaenger
6. Mother's Maiden Name Paulina Wagner
7. Mother's Birthplace Baltimore
8. Full Name of Father Chas Glaenger
9. Father's Occupation Grocer
10. Father's Birthplace Heppner Cassel
- Name of Medical Attendant, or other Person who makes this Return. Dr E Lincoln
- Address No 59 Fredrick St
- Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21663

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

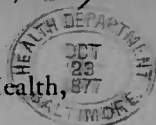


- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8
1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) colored
3. Date of Birth October 10 1877
4. Place of Birth (Street and Number) 28 China street
5. Full Name of Mother Rachel Wren
6. Mother's Maiden Name Rachel Jones
7. Mother's Birthplace North Carolina
8. Full Name of Father Robert Wren
9. Father's Occupation Fisherman
10. Father's Birthplace Alabama
- Name of Medical Attendant, or other Person who makes this Return. Hester Bordley Doctress
- Address 85 Orchard street
- Remarks

BRINGING IN TWO COPIES OF THIS CERTIFICATE, WITHIN THE CITY OF BALTIMORE, SHALL REPORT TO THE REGISTRAR AFORESAID, WITHIN SIX DAYS THEREAFTER, STATING DISTINCTLY THE DATE OF BIRTH, SEX, AND COLOR OF THE CHILD OR CHILDREN BORN, ITS OR THEIR PHYSICAL CONDITION, WHETHER STILL BORN OR NOT, THE FULL NAME, NATIVITY, AND RESIDENCE OF THE PARENTS, AND THE MAIDEN NAME OF THE MOTHER OF SUCH CHILD OR CHILDREN.

RETURN OF A BIRTH.

21164



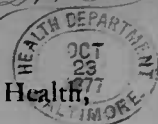
To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *Oct 10th 1877*
4. Place of Birth (Street and Number) *507 1/2 W. Balto. str.*
5. Full Name of Mother *Henrietta Froelich*
6. Mother's Maiden Name *" Heiggen*
7. Mother's Birthplace *Bremen*
8. Full Name of Father *Marcus Froelich*
9. Father's Occupation *Agent*
10. Father's Birthplace *Hungary*
- Name of Medical Attendant, or other Person who makes this return *Mrs Elizabeth Buschmann*
- Address *1211 B. & O. str.*
- Remarks

to be filled out by the Registrar of Births, Deaths and Marriages, Baltimore, Maryland, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. He or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th / 1
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth Oct 10th 1877
4. Place of Birth (Street and Number) 79 S Central Ave.
5. Full Name of Mother. Theresa Waters
6. Mother's Maiden Name " Kears
7. Mother's Birthplace City
8. Full Name of Father Henry Waters
9. Father's Occupation Secretary
10. Father's Birthplace City
- Name of Medical Attendant, or other Person who makes this return Mrs Elizabeth Buschman
- Address 124 E. 12th St.
- Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth child*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *colored*

3. Date of Birth *Oct. 10th*

4. Place of Birth (Street and Number) *288 South Baltimore st.*

5. Full Name of Mother *Mary Parker*

6. Mother's Maiden Name *Mary Parker*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *Unknown*

9. Father's Occupation *Unknown*

10. Father's Birthplace *Unknown*

Name of Medical Attendant, or other Person who makes this Return. *Mary Walker,*

Address. *# 288 S. Baltimore st.,*

Remarks. *Baltimore.*

RETURN OF A BIRTH.

21167

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First child -*
 1. Sex (state whether Male or Female) *Male*
 2. Race or Color (if not of the white race) *colored.*
 3. Date of Birth *Oct. 10th 1877.*
 4. Place of Birth (Street and Number) *31 Green Street*
 5. Full Name of Mother *Annie Hucherson.*
 6. Mother's Maiden Name *Annie Hucherson*
 7. Mother's Birthplace *Baltimore.*
 8. Full Name of Father *Unknown*
 9. Father's Occupation *Unknown*
 10. Father's Birthplace *Unknown.*
 Name of Medical Attendant, or other Person who makes this Return *Mary Walker.*
 Address *288 E. Contaw St.,*
Baltimore.
 Remarks

advised at the birth of any child within the City of Baltimore, she reports to the Registrar addressed,
within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children
born to or their physical condition, whether still born or not, the full name, nativity, and residence
of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

21168



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *The fourth*
1. Sex (state whether Male or Female) *male*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *October 10th*
4. Place of Birth (Street and Number) *No 416 N. Gay st.*
5. Full Name of Mother *Maria Thienerman*
6. Mother's Maiden Name *Rudolph*
7. Mother's Birthplace *Balt. City*
8. Full Name of Father *Carl Thienerman*
9. Father's Occupation *Druggist*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *C. L. Kueber M.D.*
- Address *222 N. Broadway*
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *9th*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Oct 11th*
4. Place of Birth (Street and Number) *Vine ST 126*
5. Full Name of Mother *Mrs C Handley*
6. Mother's Maiden Name *Penox*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *James E Handley*
9. Father's Occupation *Carpenter*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Thomsen*
- Address _____
- Remarks *Anna Lucretia Schaefer*

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21170

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Birth
Male

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

October 11th 1877

4. Place of Birth (Street and Number)

No 80 N Ann St

5. Full Name of Mother

Margaret S Medinger

6. Mother's Maiden Name

" " Willis

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Henry G. Medinger

9. Father's Occupation

Butcher

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address

236 N. 1st St

Chas H. Caldwell

Remarks

236 N. 1st St

RETURN OF A BIRTH.

21171

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Fourth*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Thursday October 11th 1877.*
4. Place of Birth (Street and Number) *234, Lafayette Ave.*
5. Full Name of Mother *Mary Sidney Beasley*
6. Mother's Maiden Name *Mary Sidney Hewett*
7. Mother's Birthplace *Louisville Kentucky*
8. Full Name of Father *William Jessenden Beasley*
9. Father's Occupation *Merchant*
10. Father's Birthplace *Plymouth N. Carolina*
- Name of Medical Attendant, or other Person who makes this Return. *Dr W. T. Howard*
- Address *181 Muld. A. V.*
- Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Persons attending at any burial, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21172

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth October 11 1877
4. Place of Birth (Street and Number) 358 Eastern Ave
5. Full Name of Mother Helia Flaherty
6. Mother's Maiden Name Helia King
7. Mother's Birthplace Ireland
8. Full Name of Father Michael Flaherty
9. Father's Occupation Carpenter
10. Father's Birthplace Ireland
Name of Medical Attendant, or other Person who makes this Return. Mr E Tray
Address 123 N Chester St
Remarks Hollis C

RETURN OF A BIRTH.

21173

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

3. Date of Birth

11th Oct 1877

4. Place of Birth (Street and Number)

31 Fawcett St

5. Full Name of Mother

Johanna Travers

6. Mother's Maiden Name

Stalbert

7. Mother's Birthplace

Germany

8. Full Name of Father

Aug. Travers

9. Father's Occupation

Builder

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this return

Sarah Casper

Address

52 E. Cornland.

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

211711

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) _____
3. Date of Birth 11th Oct 1877
4. Place of Birth (Street and Number) 62. Chestnut
5. Full Name of Mother Margareta Hecht
6. Mother's Maiden Name Krentzer
7. Mother's Birthplace Germany
8. Full Name of Father Henry Hecht
9. Father's Occupation Carver
10. Father's Birthplace Germany
Name of Medical Attendant, or other Person who makes this return Sarah Carpenter
Address 5.3 E. Lombard,
Remarks _____

RETURN OF A BIRTH.

21175

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) _____
3. Date of Birth 11th Oct 1877
4. Place of Birth (Street and Number) 107 Cranberry St.
5. Full Name of Mother Eliza Knochen
6. Mother's Maiden Name Fisher
7. Mother's Birthplace Germany
8. Full Name of Father Louis Knochen
9. Father's Occupation Broker
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this return Sarah Barker
- Address 525 Corn Land
- Remarks _____

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent's, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *11th*
4. Place of Birth (Street and Number) *4 Canton Court*
5. Full Name of Mother *Marie Barnes*
6. Mother's Maiden Name *Marie Jones*
7. Mother's Birthplace *St Mary County Md*
8. Full Name of Father *Henry Barnes*
9. Father's Occupation *Laborer*
10. Father's Birthplace *St Marys County Conn*
- Name of Medical Attendant, or other Person who makes this Return. *Ellert Stables 42 Thump St*
- Address
- Remarks *Healthy child*

RETURN OF A BIRTH.

21177

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 11 Oct
4. Place of Birth (Street and Number) 113 Madison St
5. Full Name of Mother Rose Dugent
6. Mother's Maiden Name Davis
7. Mother's Birthplace Baltimore
8. Full Name of Father River Dugent
9. Father's Occupation Brick Layer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this return Annie T. Harrison
- Address No 7 Forest Place
- Remarks

Having at the birth of my child, signed the City of Baltimore, and report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd Child*
1. Sex (state whether Male or Female) _____
2. Race or Color (if not of the white race) *White*
3. Date of Birth *October the 11: 1898*
4. Place of Birth (Street and Number) *S. Central Av. 1928*
5. Full Name of Mother *Anna Haas*
6. Mother's Maiden Name *Anna Groth*
7. Mother's Birthplace *Baltimore, Md*
8. Full Name of Father *Ludwig Haas*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Baltimore City*
- Name of Medical Attendant, or other Person who makes this return *Harry E. Muller*
- Address *N. Dallas St. No. 26.*
- Remarks _____

RETURN OF A BIRTH.

21179

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

11 Oct

4. Place of Birth (Street and Number)

277 Mulberry St.
Berlin, Wislahn

5. Full Name of Mother

Berlin, Wislahn

6. Mother's Maiden Name

" Bogge

7. Mother's Birthplace

P. Russia

8. Full Name of Father

Adm. Wislahn

9. Father's Occupation

" Carver

10. Father's Birthplace

P. Russia

Name of Medical Attendant, or other Person who makes this return

Mary Roth

Address

328 South Eager

Remarks

Give at the time of any case, when necessary to register, and report to the Registrar addressed, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition; whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21181

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Colored

3. Date of Birth Birth

4. Place of Birth (Street and Number) Place of Birth Baltimore October 11 1877

5. Full Name of Mother ~~Elizabeth~~ Anna Preston

6. Mother's Maiden Name ~~Anna Preston~~ Anna Preston

7. Mother's Birthplace Howard County Md

8. Full Name of Father Abram Preston

9. Father's Occupation Driver

10. Father's Birthplace Baltimore County Md

Name of Medical Attendant, or other Person who makes this Return. Leonard. Sam Preston

Address 276.2. Howard St

Remarks

When at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21182

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

7

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth.

Octob 11th

4. Place of Birth (Street and Number)

Darby Park Balt & Co.

5. Full Name of Mother.

Anna Cilia Thumeyer

6. Mother's Maiden Name

Meyer

7. Mother's Birthplace

Germania

8. Full Name of Father

Hermann Thumeyer

9. Father's Occupation

Supt Darby Park Brewery

10. Father's Birthplace

Germania

Name of Medical Attendant, or other Person who makes this Return.

Sarah Warden

Address

331 Asquith St

Remarks

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21183

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

Black

3. Date of Birth

Oct 11th 1877

4. Place of Birth (Street and Number)

Bouldin al near Baker st

5. Full Name of Mother

Olivia Hersey

6. Mother's Maiden Name

Olivia Jean

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Stephen Hersey

9. Father's Occupation

Laborer

10. Father's Birthplace

Eastern shore Md

Name of Medical Attendant,

or other Person who makes this Return.

Chas E Sadtler M.D.

Address

649 Penna Ave

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21184

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.



To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. Oct 12th 1877

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Oct 11th 1877
4. Place of Birth (Street and Number) 170 Register St.
5. Full Name of Mother Minnie Phillips
6. Mother's Maiden Name Minnie Williams
7. Mother's Birthplace America
8. Full Name of Father John Phillips
9. Father's Occupation Carpenter
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this return Mrs. Mary Arnold
- Address No 137 Wolfe St.
- Remarks JP

Return of a Birth. To be filled out by the Registrar of Vital Statistics, Baltimore, Md., within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21186



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Six*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Oct the 11 1877*
4. Place of Birth (Street and Number) *Washington St No 183*
5. Full Name of Mother *Sarah Rhodes*
6. Mother's Maiden Name *Sarah Spencer*
7. Mother's Birthplace *Mansfield England*
8. Full Name of Father *Jer Man Spencer*
9. Father's Occupation *Fire Man*
10. Father's Birthplace *New Brunswick*
- Name of Medical Attendant, or other Person who makes this Return. *Ann E Ball*
- Address *No 171 South Chester St*
- Remarks

21887

HEALTH DEPARTMENT
OCT
13
1977
BALTIMORE

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. *Mother's Maiden Name*

7. Mother's Birthplace

8. *Full Name of Father*

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

October 11th 177.
 35. St. Eutaw St.
 Ophelia A. Keyser.
 Ophelia A. Keyser.
 Baltimore City.
 Herman Keyser.
 Merchant.
 Baltimore City.
 John A. Keyser, Sr.
 " " " "
 City.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First child*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *colored.*
3. Date of Birth *Oct. 11th*
4. Place of Birth (Street and Number) *294 S. Calver St.*
5. Full Name of Mother *Miss Lizzie Wilkerson*
6. Mother's Maiden Name *Lizzie Wilkerson*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Unknown.*
9. Father's Occupation *Unknown.*
10. Father's Birthplace *Unknown.*
- Name of Medical Attendant, or other Person who makes this Return. *Mary Maken*
- Address *#288 S. Calver St.*
- Remarks *Baltimore*

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21189

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) colored
3. Date of Birth Oct 11
4. Place of Birth (Street and Number) 48 East St
5. Full Name of Mother Julia Young
6. Mother's Maiden Name Julia Levi
7. Mother's Birthplace Baltimore
8. Full Name of Father Jacob Young
9. Father's Occupation laber
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Lear Johnson
- Address no 32 Short St
- Remarks unusually Birth still alive

RETURN OF A BIRTH.

21190

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st* *Oscar W. Johnson*
 1. Sex (state whether Male or Female) *Male*
 2. Race or Color (if not of the white race) *Colored*
 3. Date of Birth *11 Oct*
 4. Place of Birth (Street and Number) *38 Jewell Alley*
 5. Full Name of Mother *Maria E. Johnson*
 6. Mother's Maiden Name *Brown*
 7. Mother's Birthplace *Harford County*
 8. Full Name of Father *Oscar Johnson*
 9. Father's Occupation *Coachman*
 10. Father's Birthplace *Baltimore*
 Name of Medical Attendant, or other Person who makes this return *Wm. J. DuLany*
 Address *No. 7 Jackson Place*
 Remarks *Given name added by sister June 18-1931*
Mellie Flat sister *WJD*

NOTE: In the event of any child, within the City of Baltimore, being born, and the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*
1. Sex (state whether Male or Female) *boy & girl 2*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *Eastern October the 11 1877*
4. Place of Birth (Street and Number) *6710 Chestnut St.*
5. Full Name of Mother *Emma White*
6. Mother's Maiden Name *Emma Hemlock*
7. Mother's Birthplace
8. Full Name of Father *John Cooper*
9. Father's Occupation *Stone Carving*
10. Father's Birthplace *Queen and County*
- Name of Medical Attendant, or other Person who makes this return *Chas. Wilson*
- Address
- Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21192



To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Oct 11th 1877*
4. Place of Birth (Street and Number) *108 George St*
5. Full Name of Mother *Mary Virginia Price*
6. Mother's Maiden Name *Zimmerman*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Jas H. Price*
9. Father's Occupation *Clerk Int Rev Dept*
10. Father's Birthplace *Baltimore*
Name of Medical Attendant, or other Person who makes this Return. *Elias L Price M.D*
Address *262 Madison St*
Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Kind*
1. Sex (state whether Male or Female) *Heirs & Sub*
2. Race or Color (if not of the white race) *Heirs*
3. Date of Birth *geboren den 11ten October 1877*
4. Place of Birth (Street and Number) *N 291 South Dallas St,*
5. Full Name of Mother *Barbara Kaufmann*
6. Mother's Maiden Name *Barbara Graf*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Schick Kaufmann*
9. Father's Occupation *Handarbeiter*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this return *Friederike Kaufmann*
- Address *N 178 Corner of Dallas and Eastern St*
- Remarks *Hemme*

in case at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

211911

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c) 6

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth October 11: A. M. Girl

4. Place of Birth (Street and Number) 158 S. Broadway

5. Full Name of Mother Leopoldine Hann

6. Mother's Maiden Name Leopoldine Foy

7. Mother's Birthplace Germany

8. Full Name of Father Hendrik Hann

9. Father's Occupation Horsing & Shining Store

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return, James E. Downie M.D.

Address 299 E. Baltimore Street

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21193

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c) 2nd
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Oct. 11 - 3 P.M. 1877 Instrumental
4. Place of Birth (Street and Number) Balts. County
5. Full Name of Mother Eliza Lavenia Rhinehardt
6. Mother's Maiden Name Eliza Lavenia Rhinehardt
7. Mother's Birthplace Philadelphia
8. Full Name of Father George Jerome Rhinehardt
9. Father's Occupation Farmer
10. Father's Birthplace Balts City
- Name of Medical Attendant, or other Person who makes this Return, James E. Darnell
- Address 299 E. Baltimore Street
- Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fisk (1st)

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

October 12, 1877

4. Place of Birth (Street and Number)

N. E. Cor. N. Broadway & Mullickin

5. Full Name of Mother

Mrs. Catherine Virginia German

6. Mother's Maiden Name

Miss Catherine V. Ray

7. Mother's Birthplace

Baltimore, Md.

8. Full Name of Father

Mr. Theodore German

9. Father's Occupation

Milkman

10. Father's Birthplace

Baltimore County, Md.

Name of Medical Attendant, or other Person who makes this Return

Mrs. H. C. Lindgren

Address

Nr. 102 N. Broadway

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. He or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

21197

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth September 12, 1877
4. Place of Birth (Street and Number) S. E. Corner of Sprague & 119 Carroll St.
5. Full Name of Mother Laura M. Waidner
6. Mother's Maiden Name Snyder
7. Mother's Birthplace Littlestown, Pa.
8. Full Name of Father George W. Waidner
9. Father's Occupation Carpenter
10. Father's Birthplace Piquette, Pa.
- Name of Medical Attendant, or other Person who makes this Return. D. J. Herman M.D.
- Address No 175 N. Green St.
- Remarks

RETURN OF A BIRTH.

21198

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Oct 12th 1877

4. Place of Birth (Street and Number)

Baltimore Euterpe St. No. 62

5. Full Name of Mother

Sandra Boyle

6. Mother's Maiden Name

Merced

7. Mother's Birthplace

Baltimore

8. Full Name of Father

John Boyle

9. Father's Occupation

Housekeeper

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this return

Mrs. L. Mitchell

Address

No. 123 Parkin St

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21199

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8th

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Oct. 12th 1877

4. Place of Birth (Street and Number)

Baltimore Scott St No. 21

5. Full Name of Mother

Bridget Colman

6. Mother's Maiden Name

Sharley

7. Mother's Birthplace

Ireland

8. Full Name of Father

William Colman

9. Father's Occupation

Shoemaker

10. Father's Birthplace

Ireland

Name of Medical Attendant, or other Person who makes this return

Wm. C. Mitchell

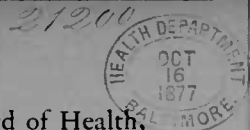
Address

129 1/2 B. St.

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6. d.*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *October 12th 1877.*
4. Place of Birth (Street and Number) *Lafayette Street No. 91*
5. Full Name of Mother *Margaret Knelvelage*
6. Mother's Maiden Name *Margaret Schmiedt.*
7. Mother's Birthplace *Baltimore, M.D.*
8. Full Name of Father *Lenny Knelvelage*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Baltimore, M.D.*
- Name of Medical Attendant, or other Person who makes this return *Douglas Buene*
- Address *114 Battery St.*
- Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21201



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Fourth (4)*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Oct. 12th 1877*
4. Place of Birth (Street and Number) *N^o 27 Regester St. (South)*
5. Full Name of Mother *Maggie Sontag*
6. Mother's Maiden Name *J. Schlehr*
7. Mother's Birthplace *Buffalo N. Y.*
8. Full Name of Father *Peter Sontag*
9. Father's Occupation *Carpenter*
10. Father's Birthplace *Mittendorf Prussia German*
- Name of Medical Attendant, or other Person who makes this Return. *Francis H. Sauer M.D.*
- Address *105 N. Central Avenue.*
- Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21202

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

13 Oct

4. Place of Birth (Street and Number)

Wyatt St 61

5. Full Name of Mother

Maggie Maurice

6. Mother's Maiden Name

Dickel

7. Mother's Birthplace

Gen. Hess - Germany

8. Full Name of Father

Henry Maurice

9. Father's Occupation

Labo

10. Father's Birthplace

Prussia

Name of Medical Attendant, or other Person who makes this return

Mary Roth

Address

328 Rutland

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21203

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Oct 12

4. Place of Birth (Street and Number)

222 Columbia Ave

5. Full Name of Mother

Mary Smith

6. Mother's Maiden Name

Johnson

7. Mother's Birthplace

Baltimore

8. Full Name of Father

George Smith

9. Father's Occupation

Plumber

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this return

Mary Smith

Address

328 South E. St.

Remarks

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21204

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1 the*
1. Sex (state whether Male or Female) *Boy*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *12 October*
4. Place of Birth (Street and Number) *281 Durham Street*
5. Full Name of Mother *Loire Kimit*
6. Mother's Maiden Name *Kart Lawrentz*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Kart Lawrentz*
9. Father's Occupation _____
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this return *Marie Guttner*
- Address *Wolfe Street 245*
- Remarks _____

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21204 ¹/₂



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) _____
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Col.*
3. Date of Birth *Oct 12 "1877*
4. Place of Birth (Street and Number) *322 Hamburg St*
5. Full Name of Mother *Annie Thomas*
6. Mother's Maiden Name *" "*
7. Mother's Birthplace *unknown*
8. Full Name of Father *Do*
9. Father's Occupation *Do*
10. Father's Birthplace *Do*

Name of Medical Attendant, or other Person who makes this return

Address

Remarks—

Mary Bassett Aclitz
322 Hamburg St (M. de B.)
This child was 2 days old—
born prematurely (7 mos). Died from lack
of food.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21205

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *12*
4. Place of Birth (Street and Number) *N 149 Cross St*
5. Full Name of Mother *Mary Travis*
6. Mother's Maiden Name *Mary Matthews*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Charles Travis*
9. Father's Occupation *Seaman*
10. Father's Birthplace *Dorchester County*
Name of Medical Attendant, or other Person who makes this Return. *Mrs Anne Ash*
Address
Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21206

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*)

1. Sex (*state whether Male or Female*)

2. Race or Color (*if not of the white race*)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

October 12th 1877.
37. S. Collington Avenue.
Emma C. Schminke
Emma C. Messersmith
Baltimore Co., Pa.
Paul F. Schminke
Ship Carpenter
Baltimore City
John J. R. Wozel M.D.
City

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *12*
3. Date of Birth *12 Oct 1877*
4. Place of Birth (Street and Number) *137 S. Caroline St.*
5. Full Name of Mother *Katharina Bott*
6. Mother's Maiden Name *Finn*
7. Mother's Birthplace *Ireland*
8. Full Name of Father *Joseph Bott*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Gertraud Miller*
- Address *151 E. Pratt St.*
- Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....

1. Sex (state whether ~~Male~~ or Female).....
2. Race or Color (if not of the white race) White
3. Date of Birth October 12th 1897
4. Place of Birth (Street and Number) 56 Collington avenue
5. Full Name of Mother Alice Ann Griffin
6. Mother's Maiden Name Alice Ann Ringrode
7. Mother's Birthplace Baltimore City, Md.
8. Full Name of Father Edwin Jerome Griffin
9. Father's Occupation Attorney
10. Father's Birthplace Baltimore City, Md.

Name of Medical Attendant, or other Person who makes this return

Address

Remarks

Nicholas L. Dashiell
207 S. Broadway

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No 228.

RETURN OF A BIRTH.

21209

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother.

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace.

Name of Medical Attendant, or other Person who makes this return

Address

Remarks

female
white
Oct. 12. 1877
South Wulfschlag No 43
Praxiana Wold
Bismarck
Oberdorf Beern
Johann Wold
Werkmeister
Hertles Beern
Mrs Johann Praxnach
South Wulfschlag No 28
Bismarck

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21210



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 12 October
4. Place of Birth (Street and Number) No 6 Baltimore
5. Full Name of Mother Mary Watts
6. Mother's Maiden Name Baker
7. Mother's Birthplace Baltimore
8. Full Name of Father Thomas Watts
9. Father's Occupation Carpenter
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this return Stephen Linn
- Address 107 E. Greenby St
- Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5^d*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *October 12th 1877*
4. Place of Birth (Street and Number) *No 200 S Bond St*
5. Full Name of Mother *Wilhelmine Comlen*
6. Mother's Maiden Name *" " Evans*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Carl Comlen*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Jacksonville*
- Name of Medical Attendant, or other Person who makes this return *Mrs Louise KRAFT*
- Address
- Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21212

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

12th inst

4. Place of Birth (Street and Number)

74 Kanawha St

5. Full Name of Mother

Hannah Devine

6. Mother's Maiden Name

Gummins

7. Mother's Birthplace

Ireland

8. Full Name of Father

Michael Devine Devine

9. Father's Occupation

Shoemaker

10. Father's Birthplace

Ireland

Name of Medical Attendant, or other Person who makes this return

Mrs Rice

Address

London Disp 26 Frederick St

Remarks

None

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).. *Second*

1. Sex (state whether Male or Female).....

2. Race or Color (if not of the white race).....

3. Date of Birth.....

4. Place of Birth (Street and Number).....

5. Full Name of Mother.....

6. Mother's Maiden Name.....

7. Mother's Birthplace.....

8. Full Name of Father.....

9. Father's Occupation.....

10. Father's Birthplace.....

Name of Medical Attendant, or other Person who makes this Return.....

Address *No. 2 Patran Park annex*

Remarks.....

Male
White
12 11 1877
Baltimore MD No 30 Esig St
Minnie Hodges
Minnie Forster
Baltimore MD
Alfred Benjamin Hodges
Laborer
Baltimore MD
Lousia Wiley

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th child

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

white race

3. Date of Birth

born 11th Dec.

4. Place of Birth (Street and Number)

Baltimore City

5. Full Name of Mother

Mary Ann

6. Mother's Maiden Name

Ward

7. Mother's Birthplace

Harrodsburg

8. Full Name of Father

Nicholas

9. Father's Occupation

labor

10. Father's Birthplace

Stonabrook

Name of Medical Attendant, or other Person who makes this Return.

Louisa Wiley

Address No 12 Patton Park avenue

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21215

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *12th October*
4. Place of Birth (Street and Number) *1018 Bolton St*
5. Full Name of Mother *Maria Louisa Schaub*
6. Mother's Maiden Name *M. L. Schmidt*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Augustus Henry Hochhaus*
9. Father's Occupation *Merchant*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Louisa Wiley*
- Address *112 Patson Park arine*
- Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21216

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c)

9th Child

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

October 12th 12³⁰ A.M. 1877

4. Place of Birth (Street and Number)

134 Jefferson St.

5. Full Name of Mother

Rebecca Martin Reynolds

6. Mother's Maiden Name

Rebecca Martin Borne

7. Mother's Birthplace

Baltimore City

8. Full Name of Father

William C. Reynolds

9. Father's Occupation

House Carpenter

10. Father's Birthplace

Chester Co. Penna.

Name of Medical Attendant, or other Person who makes this Return.

James E. Donnellie M.D.

Address

299 E. Baltimore St.

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21217

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Octbr 1 77

4. Place of Birth (Street and Number) No 18 Bity Alley

5. Full Name of Mother Frederick Wagner

6. Mother's Maiden Name Friederike Hauer

7. Mother's Birthplace Baltimore

8. Full Name of Father Wilhelm Wagner

9. Father's Occupation Box maker

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Mrs M Strong
No 22 Lindenhol Street

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21215

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *white*

3. Date of Birth *Oct. 13th 1877*

4. Place of Birth (Street and Number) *5 Clinton St. Canton*

5. Full Name of Mother *Ella Jones*

6. Mother's Maiden Name *Ella Turner*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *Evan Jones*

9. Father's Occupation *leaffer Smelter*

10. Father's Birthplace *Wales*

Name of Medical Attendant, or other Person who makes this Return. *R. W. Mansfield M.D.*

Address *117 O. B. Broadway*

Remarks _____

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21219

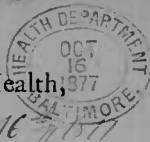
To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 13th Oct
4. Place of Birth (Street and Number) no. 80 Elliott st. Canton
5. Full Name of Mother Lizzie Hoise
6. Mother's Maiden Name Lizzie Baker
7. Mother's Birthplace Baltimore city
8. Full Name of Father Henry Hoise
9. Father's Occupation confectioner
10. Father's Birthplace Baltimore city
- Name of Medical Attendant, or other Person who makes this Return. Mrs Sarah Sullens
- Address 44 Barclay st. Canton
- Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.



To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. Oct 16 1877

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Oct 13th 1877*
4. Place of Birth (Street and Number) *157 Chapple St*
5. Full Name of Mother *Mary Baum*
6. Mother's Maiden Name *Mary Teben*
7. Mother's Birthplace *America*
8. Full Name of Father *J. S. Baum*
9. Father's Occupation *Bricklayer*
10. Father's Birthplace *America*
- Name of Medical Attendant, or other Person who makes this return *Mrs. Mary Amund*
- Address *No 137 Noye St.*
- Remarks *Ch*

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21221

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*
1. Sex (state whether Male or Female) *girl*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *13 October*
4. Place of Birth (Street and Number) *172 Langest Street*
5. Full Name of Mother *Emilje Yess*
6. Mother's Maiden Name *Oliven*
7. Mother's Birthplace *New York*
8. Full Name of Father *John Oliven*
9. Father's Occupation
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this return *Marie Guttner*
- Address *Wolfe Street 245*
- Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st d.*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *October 13 d. 1877*
4. Place of Birth (Street and Number) *86 N. Springstreet*
5. Full Name of Mother *Barbra Miller*
6. Mother's Maiden Name *Barbra Engel*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Adam Miller*
9. Father's Occupation *Teacher*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Mr. R. Rudiger*
- Address *134 N. Bond Street*
- Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Male
White
Oct 13 1877
136 Madison St
Catharine Hayward
Catharine, Hilchner
Ma
Robt Hayward
Mechanic
Ma
H B Stoble M.D.
17 Trimmer Av

Fill in all blanks, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex (state whether Male or Female) male
 2. Race or Color (if not of the white race) Colored
 3. Date of Birth October 13 1877
 4. Place of Birth (Street and Number) 12 Mott Street
 5. Full Name of Mother Rebecca Addolison
 6. Mother's Maiden Name Rebecca Addolison
 7. Mother's Birthplace Baltimore City
 8. Full Name of Father John Anderson
 9. Father's Occupation Waiter
 10. Father's Birthplace Baltimore City
- Name of Medical Attendant, or other Person who makes this Return. Heester Boddeley Doctors
Address 85 Orchard street
- Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *17th*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race)

3. Date of Birth *Oct 13th 1877*

4. Place of Birth (Street and Number) *243 Essex Sts.*

5. Full Name of Mother *Margaret Christ*

6. Mother's Maiden Name *Diegleman*

7. Mother's Birthplace *Germany.*

8. Full Name of Father *John A. Christ*

9. Father's Occupation *Apothecary*

10. Father's Birthplace *Germany*

Name of Medical Attendant, or other Person who makes this return *Mrs. Elizabeth Buschman*

Address *120 Ban R. Str.*

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21226



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

October 13th 1877

4. Place of Birth (Street and Number)

No. 8 Shakespeare Street

5. Full Name of Mother

Barbara Rezná

6. Mother's Maiden Name

" " Swoboda

7. Mother's Birthplace

Bohemia

8. Full Name of Father

John Rezná

9. Father's Occupation

Tailor

10. Father's Birthplace

Bohemia

Name of Medical Attendant, or other Person who makes this return

Theresia Mergel

Address

248 Bond Street South

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No 227.

RETURN OF A BIRTH.

21327



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this return

Address

Remarks

1st

White

Sept. 13. 1877

Hutson's No 173

Wichama Hupka

Wichama

Wichama Hupka

Joseph Hupka

Wichama

Hutson's No 173

Wichama Hupka

Wichama Hupka

Wichama Hupka

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21228



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth October 13th 1877
4. Place of Birth (Street and Number) Making St Extended 291 MS Elderer
5. Full Name of Mother L Alice Hoase
6. Mother's Maiden Name Alice Ash
7. Mother's Birthplace Baltimore
8. Full Name of Father Frederic Hoase
9. Father's Occupation Butcher
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Hennrich Glascoe
- Address Mother in Good Health
- Remarks Baby in Good Health

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21929



To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name, Carolina K. Morlock

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

October 13 1877

4. Place of Birth (Street and Number)

298 Canton ave

5. Full Name of Mother

Emma Morlock

6. Mother's Maiden Name

" Pittruff

7. Mother's Birthplace

Baltimore

8. Full Name of Father

John Adam

(Johann Morlock)

9. Father's Occupation

House Carpenter

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this return

Mrs Louise Kraft

Address

Remarks

RETURN OF A BIRTH.

21230

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 16th October, 1877
4. Place of Birth (Street and Number) 276 E. Franklin Street
5. Full Name of Mother Mollie E. Shipley
6. Mother's Maiden Name Mollie E. Shipley
7. Mother's Birthplace Baltimore
8. Full Name of Father Stephen L. Shipley
9. Father's Occupation Superintendent
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Savoy L. Boyd, 160

29 E. Franklin St. Baltimore

Natural labor, no medical interference.

Child & infant doing well.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21231

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) colored
3. Date of Birth Oct 13
4. Place of Birth (Street and Number) 139 Cherry St
5. Full Name of Mother Ellen Burton
6. Mother's Maiden Name Ellen Baker
7. Mother's Birthplace Calumet Co. Wis
8. Full Name of Father John Burton
9. Father's Occupation drayman
10. Father's Birthplace Calumet Co. Wis
- Name of Medical Attendant, or other Person who makes this Return. Mr. J. Lee Johnson
- Address No 32 Short St.
- Remarks Healthy Child

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21232

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Oct. 18th 1877

4. Place of Birth (Street and Number)

Baltimore Baltimore St. N. E. 636

5. Full Name of Mother

Margaret Flannery

6. Mother's Maiden Name

Case

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Patrick Flannery

9. Father's Occupation

Plaster

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this return

Mrs. G. Mitchell

Address

N. E. 122 Parkin St

Remarks

RETURN OF A BIRTH.

21233

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c) 3d.

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race) Colored

3. Date of Birth: Oct. 13

4. Place of Birth (Street and Number) 138 Hill St

5. Full Name of Mother Josephine Gaspinis

6. Mother's Maiden Name " " Wells

7. Mother's Birthplace Baltimore Ind

8. Full Name of Father Walter W. Gaspinis

9. Father's Occupation Drayman

10. Father's Birthplace Lancaster Co Va

Name of Medical Attendant, or other Person who makes this Return.

Address No 181 York St Milby Grass

Remarks

of the parents, and the maiden name of the mother of such child or children.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Wm. H. Finch

Male

White

Oct 14 1877

391 Canton Ave. H.P.

Mary Jones Marshall

Mary Jones

Batavia

Chas. Marshall

Ship Carpenter

Batavia

Mrs. Mary C. Sumner
203 Flycatching Ln.
H.P.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

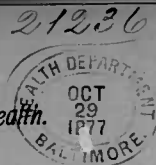


- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third (3)*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *14 October 1877*
4. Place of Birth (Street and Number) *209 N Caroline St*
5. Full Name of Mother *Philoponia Starr*
6. Mother's Maiden Name *Philoponia Hammannann*
7. Mother's Birthplace *Baltimore City*
8. Full Name of Father *Henry Starr*
9. Father's Occupation *Painter*
10. Father's Birthplace *Baltimore City*
- Name of Medical Attendant, or other Person who makes this Return. *Amanda Monroe*
- Address *523 E Monument St.*
- Remarks *Baltimore City*

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *Black*

3. Date of Birth *14 OCT 1877*

4. Place of Birth (Street and Number) *Charles st*

5. Full Name of Mother *Mr Catron Jones*

6. Mother's Maiden Name

7. Mother's Birthplace *Baltimore city*

8. Full Name of Father *Joseph Jones*

9. Father's Occupation *cookman*

10. Father's Birthplace *Baltimore city*

Name of Medical Attendant, or other Person who makes this Return. *Ann Brown*

Address *28 Bolton st*

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21237

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd.

1. Sex (state whether Male or Female)

male.

2. Race or Color (if not of the white race)

white

3. Date of Birth

14th of October.

4. Place of Birth (Street and Number)

222 South street

5. Full Name of Mother

Lizzie Strafer.

6. Mother's Maiden Name

Lizzie Schmidt.

7. Mother's Birthplace

Baltimore.

8. Full Name of Father

Charles Alexander Edmund Oscar Strafer.

9. Father's Occupation

Machinist.

10. Father's Birthplace

Wm (South Germany)

Name of Medical Attendant, or other Person who makes this Return.

Address

Wm. Schach

Remarks

439 W. Pa 1431

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21238

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth October 14 1877
4. Place of Birth (Street and Number) 19 Washington St
5. Full Name of Mother Emma Yeager
6. Mother's Maiden Name Emma Young
7. Mother's Birthplace Baltimore
8. Full Name of Father Jon Yeager
9. Father's Occupation labor
10. Father's Birthplace Baltimore
Name of Medical Attendant, or other Person who makes this Return. Abner E. Gray
Address 193 No Chester St
Remarks Healthy

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21239



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

3. Date of Birth

14th Oct. 1877

4. Place of Birth (Street and Number)

10 Lombard

5. Full Name of Mother

Kate Hogan

6. Mother's Maiden Name

" Lane

7. Mother's Birthplace

Ireland

8. Full Name of Father

Peter Hogan

9. Father's Occupation

Picture frame mfg.

10. Father's Birthplace

Ireland

Name of Medical Attendant, or other Person who makes this return

Sarah Barber

Address

52 E. Lombard

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

from 6
female

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

14th Oct.

4. Place of Birth (Street and Number)

101 Wignam

5. Full Name of Mother

Margaret Eckhardt

6. Mother's Maiden Name

Eckler

7. Mother's Birthplace

U. States

8. Full Name of Father

Wm. Eckhardt

9. Father's Occupation

Builder

10. Father's Birthplace

U. States

Name of Medical Attendant, or other Person who makes this return

Sarah Carver

Address

52 S. Courtland

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this return

Address

Remarks

7
Female
14th Oct. 1877
14 Thompson
Rebecca Lilienkrantz
Bismarck
Germany
Frederick Lilienkrantz
Tailor
German
Sarah Casper
536. Lombard St.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Female*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *October 14 1877*
4. Place of Birth (Street and Number) *Baltimore 104 Johnson St*
5. Full Name of Mother *Mary A. Fullhouse*
6. Mother's Maiden Name *Mary A. King*
7. Mother's Birthplace *Washington D.C.*
8. Full Name of Father *Philip H. Fullhouse*
9. Father's Occupation *Iron Sheet Iron Worker*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Wash*
- Address
- Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 21243

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st Child*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *14 October 1877*

4. Place of Birth (Street and Number) *Broad Way 358 Baltimore*

5. Full Name of Mother *A. Rutter*

6. Mother's Maiden Name *M. Kelly*

7. Mother's Birthplace *Germany*

8. Full Name of Father *George Rutter*

9. Father's Occupation *Officer of the Custom House*

10. Father's Birthplace *Germany*

Name of Medical Attendant, or other Person who makes this Return. *D. H. Beebe*

Address *N. 88 E Lombard St Baltimore*

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21244

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2^d Child*
1. Sex (state whether ~~Male~~ Female) _____
2. Race or Color (if not of the white race) *White*
3. Date of Birth *October the 14. 1877*
4. Place of Birth (Street and Number) *E. Lombard St. No. 216.*
5. Full Name of Mother *Barbara Link*
6. Mother's Maiden Name *Barbara Preuler*
7. Mother's Birthplace *Hain. N. Baiern Germany*
8. Full Name of Father *Eduard Link*
9. Father's Occupation *Graver*
10. Father's Birthplace *Wizhens. N. Baiern Germany*
- Name of Medical Attendant, or other Person who makes this return *Mary E. Muller*
- Address *N. Pallas St. No. 26,*
- Remarks _____

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21245

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4 child*
1. Sex (state whether Male or Female) *male*
2. Race or Color (if not of the white race). *white*
3. Date of Birth. *October 14 1877*
4. Place of Birth (Street and Number) *458 Canton an*
5. Full Name of Mother *Charlotte Singaros*
6. Mother's Maiden Name *Charlotte Craft*
7. Mother's Birthplace *Baltimore city*
8. Full Name of Father *Charles W Singaros*
9. Father's Occupation *huxter*
10. Father's Birthplace *Baltimore city*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. A. C. N. Gore*
- Address *473 Alameda St.*
- Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21246

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Oct. 14/77*
4. Place of Birth (Street and Number) *64 N. Schweder St.*
5. Full Name of Mother *Maggie Perry*
6. Mother's Maiden Name *Robinson*
7. Mother's Birthplace *Balto. City*
8. Full Name of Father *John Henry Perry*
9. Father's Occupation *Painter*
10. Father's Birthplace *New York City*
Name of Medical Attendant, or other Person who makes this Return. *Louis W. Knight M.D.*
Address *112 N. Greene St.*
Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21247



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Oct 14 1877*
4. Place of Birth (Street and Number) *240 384 Harford road.*
5. Full Name of Mother *Theresa Carmine.*
6. Mother's Maiden Name *Anna Boron.*
7. Mother's Birthplace *Germany.*
8. Full Name of Father *Leonard Carmine.*
9. Father's Occupation *Shoe-maker*
10. Father's Birthplace *Germany.*
- Name of Medical Attendant, or other Person who makes this return *Dr. Thelgeit.*
- Address *No 182 E Monument st.*
- Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12 11
1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) White
3. Date of Birth October. 14. 1877
4. Place of Birth (Street and Number) 108 Lancaster st
5. Full Name of Mother Georgeann Fowler
6. Mother's Maiden Name Georgeann Tydens
7. Mother's Birthplace Baltimore
8. Full Name of Father James S Fowler
9. Father's Occupation clerk
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mary Conner 153
- Address Choptank st
- Remarks

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21248 1/2

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c)

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *October 14*

4. Place of Birth (Street and Number) *no 8*

5. Full Name of Mother *Dawson st*

6. Mother's Maiden Name *John King*

7. Mother's Birthplace

8. Full Name of Father *Joseph King*

9. Father's Occupation *Blacksmith*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

*Room 474
16 south pulaski st*

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. It is or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Oct. 14. 1877*
4. Place of Birth (Street and Number) *471 N. Fremont St.*
5. Full Name of Mother *Ginnie Keller,*
6. Mother's Maiden Name *Molly*
7. Mother's Birthplace *Carroll Co., Md.*
8. Full Name of Father *John Keller,*
9. Father's Occupation *Seaman*
10. Father's Birthplace *Carroll Co., Md.*
- Name of Medical Attendant, or other Person who makes this Return. *J. F. Eagle M.D.*
- Address *247 Lawrence St.*
- Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21250

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2nd, 3rd, &c.) *October 14 1877*
1. Sex (state whether Male or Female) *Boy*
2. Race or Color (if not of the white race) *colored*
3. Date of Birth. *October 14*
4. Place of Birth (Street and Number) *1006 m 507 St Balto*
5. Full Name of Mother *Rosetta gibson,*
6. Mother's Maiden Name *Rosetta major,*
7. Mother's Birthplace *Balto co md*
8. Full Name of Father *Jacob gibson,*
9. Father's Occupation *quillder,*
10. Father's Birthplace *Tobacco co md*
- Name of Medical Attendant, or other Person who makes this Return.
- Address *mid Wilt miss annie Buff*
- Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. It is their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

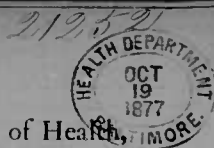


To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex (state whether Male or Female) Girl
2. Race or Color (if not of the white race) Colored
3. Date of Birth Oct 14 1877
4. Place of Birth (Street and Number) 57 Burgundy Alley
5. Full Name of Mother. Mary E Turner
6. Mother's Maiden Name
7. Mother's Birthplace Antislana Maryland
8. Full Name of Father Charles Smith
9. Father's Occupation
10. Father's Birthplace Accomac County D.C.
- Name of Medical Attendant, or other Person who makes this return G Deborah Thomas
- Address 11 Burgundy Alley
- Remarks

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th child*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *colored*
3. Date of Birth *14th inst*
4. Place of Birth (Street and Number) *no 34,wayne st*
5. Full Name of Mother *Jane Wilson*
6. Mother's Maiden Name *Jane Butler*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Charles Wilson*
9. Father's Occupation *laborer*
10. Father's Birthplace *Baltimore county*
- Name of Medical Attendant, or other Person who makes this return *Mrs Lydia Porter*
- Address
- Remarks *no 4 papstce avens
bel by child*

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex (state whether Male or Female)
2. Race or Color (if not of the white race)
3. Date of Birth
4. Place of Birth (Street and Number)
5. Full Name of Mother
6. Mother's Maiden Name
7. Mother's Birthplace
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace

4th Child
Female

Oct 14th 1877

1277 Sudmans alley
Anna W
Schmidt

America

Joseph Bush
Tailor

Germany

Name of Medical Attendant, or other Person who makes this Return.

J. Dobryanski midwife
214 Cross st.

Address

Remarks

Learn, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21254



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth October 14 1877
4. Place of Birth (Street and Number) 381 Union Ave
5. Full Name of Mother Fearney Postup
6. Mother's Maiden Name " "
7. Mother's Birthplace Penn
8. Full Name of Father John Postup
9. Father's Occupation Barber
10. Father's Birthplace Penn
- Name of Medical Attendant, or other Person who makes this return E. Schmitt
- Address 21254
- Remarks

RETURN OF A BIRTH.

21255

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



of Mother (state whether 1st, 2d, 3d, &c)

Whether Male or Female)

Color (if not of the white race)

Birth

Birth (Street and Number)

of Mother

Residence Name

Birthplace

of Father

Occupation

Birthplace

Medical Attendant, or other Person who makes this Return.

girl

Black

14 of Oct 1877

Nine St 236

Caroline Mae

Caroline Hawkins

Maryland

Wesley Mae

Coal Cart Driver

Maryland

Caroline Jones

Nine St 236

RETURN OF A BIRTH.

21236

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



Mother (state whether 1st, 2d, 3d, &c) 1

Whether Male or Female) Boy

Color (if not of the white race) Black

Age 14 Oct 1877

Place (Street and Number) Stockton Alley

Name of Mother Mr Lawrence

Married Name do not know

Birthplace do not know

Name of Father James Lawrence

Occupation Laborer

Birthplace do not know

Medical Attendant, or other Person who makes this Return.

Caroline Jones
Bine 11 236

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *one Child one mother*
1. Sex (state whether Male or Female) *female*
2. Race or Color (if not of the white race) *Colored race*
3. Date of Birth *Oct. the 11. 1877*
4. Place of Birth (Street and Number) *Ardenes st 276*
5. Full Name of Mother *Aberty Dickson*
6. Mother's Maiden Name *Aberty Hilbert*
7. Mother's Birthplace *Baltimore md*
8. Full Name of Father *John Dickson*
9. Father's Occupation *carpenter Shuckee*
10. Father's Birthplace *Baltimore md*
- Name of Medical Attendant, or other Person who makes this Return. *Laurinda Waulford*
- Address *Regester St 130 Baltimore md*
- Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21258

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *Oct the 14*
4. Place of Birth (Street and Number) *25 Stockton st*
5. Full Name of Mother *Sarah Sumrell*
6. Mother's Maiden Name *Sarah Wheeler*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Joseph Sumrell*
9. Father's Occupation *Drum molder*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Miss Fannie Mendenhall*
- Address *250 Pres ton st*
- Remarks

RETURN OF A BIRTH.

21259

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c)

Second Child

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

Colored

3. Date of Birth

14 October 1877

4. Place of Birth (Street and Number)

Baltimore City No 25 Barre street

5. Full Name of Mother

Martha Satterfield

6. Mother's Maiden Name

Martha Willson

7. Mother's Birthplace

Smithfield Va

8. Full Name of Father

William Satterfield

9. Father's Occupation

Sailor

10. Father's Birthplace

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Chilly Gros

Address

No 181 York street

Remarks

of the parents, and the maiden name of the mother of such child or children.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

21260

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Sixth*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *October 14th 1877*
4. Place of Birth (Street and Number) *No 192 N Charles St*
5. Full Name of Mother *Jeannie Ferguson*
6. Mother's Maiden Name *Swann*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Thomas B Ferguson*
9. Father's Occupation
10. Father's Birthplace *South Carolina*
- Name of Medical Attendant, or other Person who makes this Return. *Ruggin Buckler*
- Address *135 N Charles St*
- Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth 15. October 1877
4. Place of Birth (Street and Number) Sinkins alley
5. Full Name of Mother Sarah Snodden
6. Mother's Maiden Name Sarah Snodden
7. Mother's Birthplace Baltimore city
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace
- Name of Medical Attendant, or other Person who makes this Return. Ann Brown Ne. 28. Bolton^{est}
- Address
- Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address.

Remarks

4th
Female
White
Oct 15 1877
No 5 Clement St Locust St
Mary McShane
Mary Burke
Bucheringham, Canada
John McShane
House Carpenter
Prelahad
Mrs Anna Marguerite Etzel

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21263

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth Child*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *October 15th 1877*
4. Place of Birth (Street and Number) *No 431 Hagerburg Street*
5. Full Name of Mother *Mary Elizabeth Dixon*
6. Mother's Maiden Name *Mary Elizabeth Crew*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Samuel Thompson Dixon*
9. Father's Occupation *Switchman on B & O. R. R.*
10. Father's Birthplace *Frederick Md.*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Seabock*
- Address *439 West Pratt Street*
- Remarks

RETURN OF A BIRTH.

21264

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Fourth*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Oct 15/77*
4. Place of Birth (Street and Number) *401 W. No. Henry St*
5. Full Name of Mother *Mary E. Carson*
6. Mother's Maiden Name *Mary E. Peel*
7. Mother's Birthplace *Baltimore City*
8. Full Name of Father *John Carson*
9. Father's Occupation *Brick Cell Painter*
10. Father's Birthplace *Baltimore City*
- Name of Medical Attendant, or other Person who makes this Return *M. J. Senear*
- Address *No. 423 W. No. Henry St*
- Remarks *Strong healthy baby*

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2^d*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *15th of Oct. 1877.*
4. Place of Birth (Street and Number) *Cor. of Spring C. May.*
5. Full Name of Mother *Ann H. Summers.*
6. Mother's Maiden Name *Agnes M. Fields*
7. Mother's Birthplace *Baltimore City.*
8. Full Name of Father *John S. Summers.*
9. Father's Occupation *Blacksmith*
10. Father's Birthplace *St. Michaels.*
- Name of Medical Attendant, or other Person who makes this Return. *Mary Waters*
- Address *125 N. Calverline.*
- Remarks *Baltimore.*

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6

1. Sex (state whether Male or Female)

female

2. Race or Color (if not of the white race)

3. Date of Birth

15 Oct 1877

4. Place of Birth (Street and Number)

75 Cranberry
Caroline Schmidt

5. Full Name of Mother

6. Mother's Maiden Name

H. Scherer
H. Stales

7. Mother's Birthplace

8. Full Name of Father

John K. Schmidt
Carpenter

9. Father's Occupation

10. Father's Birthplace

H. Stales

Name of Medical Attendant, or other Person who makes this return

Sarah Gussner

Address

52 E Lombard

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21267



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) _____
3. Date of Birth 15 Oct 1877
4. Place of Birth (Street and Number) 139 Fayette
5. Full Name of Mother Rosa Richard
6. Mother's Maiden Name " Claridge
7. Mother's Birthplace U. States
8. Full Name of Father Edward Richard
9. Father's Occupation Carpenter
10. Father's Birthplace U. States
- Name of Medical Attendant, or other Person who makes this return Martha Carpenter
- Address 52 E. Lombard
- Remarks _____

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21268

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~)

1. Sex (~~state whether Male or Female~~)
2. Race or Color (~~if not of the white race~~)
3. Date of Birth
4. Place of Birth (Street and Number)
5. Full Name of Mother
6. Mother's Maiden Name
7. Mother's Birthplace
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

October 15th 1797.
No 1. 1st Copy to
Mary L. Brown.
Mary L. Garrison.
Baltimore City.
N. Judson Brown.
Merchant.
Culpepper Co. Va.
John. R. Mages Id.
City.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21269

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. Oct 76



No. of Child of Mather, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Male

2. Race or Color (if nat of the white race) White

3. Date of Birth Oct 15 1877

4. Place of Birth (Street and Number) 27 Lancaster St.

5. Full Name of Mather Mary Engelhard

6. Mather's Maiden Name Mary Bauer

7. Mother's Birthplace America

8. Full Name of Father George Engelhard

9. Father's Occupation Saw mill

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this return

Address Dr. 137 Wolfe St

Remarks aff

Mrs. Mary Ann

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21270

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8th Male

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

White

3. Date of Birth

Oct 16 11

4. Place of Birth (Street and Number)

No 4 St of Maryland

5. Full Name of Mother

Catherine Ladden

6. Mother's Maiden Name

Catherine McLoughlin

7. Mother's Birthplace

Ireland

8. Full Name of Father

Patrick Ladden

9. Father's Occupation

Laborer

10. Father's Birthplace

Ireland

Name of Medical Attendant, or other Person who makes this Return.

Catherine McNamee

Address

No 100 West St

Remarks

First of the Birth about 10 minutes.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21271

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

15 October 1877

4. Place of Birth (Street and Number)

Rd 349, Canal St

5. Full Name of Mother

Louise E. Smith

6. Mother's Maiden Name

Baldus

7. Mother's Birthplace

Baltimore

8. Full Name of Father

John Smith

9. Father's Occupation

Tailor

10. Father's Birthplace

Germany

Name of Medical Attendant,

or other Person who makes this return

Dina Hillegast.

Address

Rd 132, Monument St

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21272

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third Child

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

13th Oct 1877

4. Place of Birth (Street and Number)

No 176 Ramsey St Baltimore

5. Full Name of Mother

Jydia E Kane

6. Mother's Maiden Name

Jydia E Hinton

7. Mother's Birthplace

Woodbury Baltimore County

8. Full Name of Father

Thomas Joseph Kane

9. Father's Occupation

Shipwright

10. Father's Birthplace

Ireland

Name of Medical Attendant, or other Person who makes this Return.

Kane Mercer

Address

136 Wth Henry St Baltimore Md.

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21273

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

October 15th 1877

4. Place of Birth (Street and Number)

32 N. Wolf Street

5. Full Name of Mother

Alfreda Smith

6. Mother's Maiden Name

Alfreda Batchelor

7. Mother's Birthplace

Baltimore City

8. Full Name of Father

Charles Ed. Smith

9. Father's Occupation

Copper & Tin Cans

10. Father's Birthplace

Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

J. Lawson M.D.

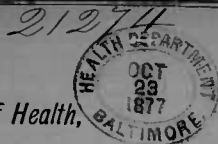
Address

47 So. Broadway

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether ~~1st~~, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth October 13th 1877

4. Place of Birth (Street and Number) No 110 N Bethel st

5. Full Name of Mother Caroline Cohend

6. Mother's Maiden Name Caroline P. Glehart

7. Mother's Birthplace Germany

8. Full Name of Father John Cohend

9. Father's Occupation Baker

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return.

Wm. G. Russell

Address

Broadway Madison st

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21275



To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8
1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) White
3. Date of Birth October 15 1877
4. Place of Birth (Street and Number) 263 gough st
5. Full Name of Mother Mary Elizabeth Crisp
6. Mother's Maiden Name Mary Elizabeth Moore
7. Mother's Birthplace Baltimore city
8. Full Name of Father Charles Edward Crisp
9. Father's Occupation Cigar maker
10. Father's Birthplace Baltimore city
- Name of Medical Attendant, or other Person who makes this Return. Mary conner 153 choplank st
- Address _____
- Remarks _____

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1d.*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Octob. 15 d. 1877*
4. Place of Birth (Street and Number) *Harland down Est. avn.*
5. Full Name of Mother *Luise Stethel*
6. Mother's Maiden Name *Luise Gebel*
7. Mother's Birthplace *Germane*
8. Full Name of Father *Andreas Stethel*
9. Father's Occupation *Ritcher*
10. Father's Birthplace *Germane*
- Name of Medical Attendant, or other Person who makes this Return. *Marie R. Ruchiger*
- Address *134 S. Bond Str*
- Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) _____
3. Date of Birth 15th Oct. 1877
4. Place of Birth (Street and Number) 114 Canal
5. Full Name of Mother Liza Fuller
6. Mother's Maiden Name Lucy
7. Mother's Birthplace N. H.
8. Full Name of Father Henry Fuller
9. Father's Occupation Police Officer
10. Father's Birthplace N. H.
- Name of Medical Attendant, or other Person who makes this return Sarah Cooper
- Address 526 Lombard
- Remarks _____

RETURN OF A BIRTH.

21278



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born to or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2nd*
 1. Sex (state whether Male or Female) *Female*
 2. Race or Color (if not of the white race)
 3. Date of Birth *Oct 15, 1877*
 4. Place of Birth (Street and Number) *150 Saratoga St*
 5. Full Name of Mother *Catherine Murry*
Nooney
 6. Mother's Maiden Name
 7. Mother's Birthplace *Baltimore*
 8. Full Name of Father *Michael Murry*
express business
 9. Father's Occupation *Maryland*
 10. Father's Birthplace
 Name of Medical Attendant, or other Person who makes this Return. *Dr W. P. Morgan*
 Address *175 Saratoga St*
 Remarks

RETURN OF A BIRTH.

21279



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d*
 1. Sex (state whether Male or Female) *Male*
 2. Race or Color (if not of the white race)
 3. Date of Birth *October 15th 1877*
 4. Place of Birth (Street and Number) *Baltimore No 213.*
 5. Full Name of Mother *Caroline Nagelsang.*
 6. Mother's Maiden Name *Caroline Pennick.*
 7. Mother's Birthplace *Balt^o Md.*
 8. Full Name of Father *George Nagelsang.*
 9. Father's Occupation *Carpenter*
 10. Father's Birthplace *Balt^o Md.*
 Name of Medical Attendant, or other Person who makes this return *Caroline Brune*
 Address *114 Baltimore*
 Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21280



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) _____
3. Date of Birth Oct 15th 1877
4. Place of Birth (Street and Number) No 1 Little Church st.
5. Full Name of Mother Mary Stickle
6. Mother's Maiden Name Barlow
7. Mother's Birthplace America
8. Full Name of Father Friedrich Stickle
9. Father's Occupation forman in publishers
10. Father's Birthplace America
- Name of Medical Attendant, or other Person who makes this return J. Schussner midwife
- Address 213 Cross st.
- Remarks _____

within six days thereafter, stating distinctly the date of birth; sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21281

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One Child
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth October 15
4. Place of Birth (Street and Number) Essex Street 57
5. Full Name of Mother Sarah Elizabeth Hamilton
6. Mother's Maiden Name Sarah Elizabeth Turner
7. Mother's Birthplace Born in Pelham Mass
8. Full Name of Father Aquila Bond Christopher
9. Father's Occupation Peddler
10. Father's Birthplace Born in 12 Talbot Baltimore County Md
- Name of Medical Attendant, or other Person who makes this Return. Larsia Wiley
- Address No 12 Patton Park Avenue
- Remarks _____

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21282

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

10 Child

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

October 15

4. Place of Birth (Street and Number)

Row 43

5. Full Name of Mother

Kathrina Griesinger

6. Mother's Maiden Name

Kathrina Ochs

7. Mother's Birthplace

Wellman Hessen

8. Full Name of Father

John Griesinger

9. Father's Occupation

Laborer

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return

Louisa Wiley

Address

No. 2 Patson Street

Remarks

6 months. Discharge.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21283

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... *6th*
1. Sex (state whether Male or Female)... *Female*
2. Race or Color (if not of the white race)... *White*
3. Date of Birth... *October 15th 1877*
4. Place of Birth (Street and Number)... *Baltimore Hill St. 27*
5. Full Name of Mother... *Mary Kane*
6. Mother's Maiden Name... *" Kelly*
7. Mother's Birthplace... *Ireland*
8. Full Name of Father... *Martin Kane*
9. Father's Occupation... *Sailor*
10. Father's Birthplace... *Ireland*
- Name of Medical Attendant, or other Person who makes this Return.... *Mrs Elizabeth Scarborough*
- Address... *No 220 Montgomery St. Balto*
- Remarks... *7*

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21284

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th 4
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 15. of October
4. Place of Birth (Street and Number) Jacob St. No. 292
5. Full Name of Mother Anna Lerf
6. Mother's Maiden Name Anna Lerfert
7. Mother's Birthplace Germany
8. Full Name of Father Georg Lerfert
9. Father's Occupation Baker
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Offes Lauer
193. Harper-ern.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21285

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

October 15th 1877

4. Place of Birth (Street and Number)

169 Bank Street

5. Full Name of Mother

Cara D. Fish

6. Mother's Maiden Name

" " Fisher

7. Mother's Birthplace

Prince George County, Md.

8. Full Name of Father

C. H. Fish

9. Father's Occupation

Millwright

10. Father's Birthplace

Baltimore County, Md.

Name of Medical Attendant, or other Person who makes this return

James J. H. Shaw, M.D.

Address

W. S. Broadway

Remarks

RETURN OF A BIRTH.

212,86



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *16 Oct*
4. Place of Birth (Street and Number) *100 Hartford Ave*
5. Full Name of Mother *Catherine Betty*
6. Mother's Maiden Name *Engels*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Frederick Betty*
9. Father's Occupation *Baker*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this return *Wm. J. Johnson*
- Address *No 7 Forrest Place*
- Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity and residence of the parents, and the maiden name of the mother of such child or children.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21287

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

11.
Female
White
16th of Oct. 1877.
242 E. W. 1st St. N. C. E. City.
Emily S. Williams
Baltimore Emily S. Williams or Mrs.
Edward S. Williams
Baltimore City
Painter
Baltimore City
Mary Wall
125 N. Caroline St.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21288

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *6th*
1. Sex (state whether Male or Female) *male*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *16th Oct. 1877*
4. Place of Birth (Street and Number) *No 2 German St.*
5. Full Name of Mother *Mary A. England.*
6. Mother's Maiden Name *" " Lewis*
7. Mother's Birthplace *Maryland*
8. Full Name of Father *Mrs. H. England*
9. Father's Occupation *Sanitor (Dormers Band)*
10. Father's Birthplace *Maryland*
- Name of Medical Attendant, or other Person who makes this Return. *Dr Lane & Auncy Hill*
- Address *129 W Biddle*
- Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female) *it is a male*
2. Race or Color (if not of the white race) *color child*
3. Date of Birth *Born October the 16 1877*
4. Place of Birth (Street and Number) *Well born alley No 77*
5. Full Name of Mother *Ellen pites*
6. Mother's Maiden Name *Ellen lines*
7. Mother's Birthplace *Born in Vir Vermuna*
8. Full Name of Father *horses lines*
9. Father's Occupation *yoster Shuck*
10. Father's Birthplace *Born in the city*

Name of Medical Attendant, or other Person who makes this Return. *Margaret Sprigel*

Address *peachalley No 2 the ham Burg*

Remarks *henetta ny st*

Mary E Hamilton peachalley No 7

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth 16 October

4. Place of Birth (Street and Number) 96 Granby St

5. Full Name of Mother Manti Wissler

6. Mother's Maiden Name Hernady

7. Mother's Birthplace Baltimore

8. Full Name of Father John Wissler

9. Father's Occupation None

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this return Sappha Simon

Address no 70 Granby Street

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *male 1*
1. Sex (state whether Male or Female) *male*
2. Race or Color (if not of the white race) _____
3. Date of Birth *16 Oct. 1877*
4. Place of Birth (Street and Number) *27 Watson*
5. Full Name of Mother *Catherine Stahl*
6. Mother's Maiden Name _____
7. Mother's Birthplace *11 States*
8. Full Name of Father _____
9. Father's Occupation _____
10. Father's Birthplace _____
- Name of Medical Attendant, or other Person who makes this return *Sarah Casser*
- Address *528 Lombard*
- Remarks _____

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2129
HEALTH DEPARTMENT
OCT 22 1877
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *9*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *October 16th 1877*
4. Place of Birth (Street and Number) *284 Cross Street*
5. Full Name of Mother *Cathrina Mueck*
6. Mother's Maiden Name *" Altrith*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Heinrich Mueck*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Germany*
Name of Medical Attendant, or other Person who makes this return *~~Dr~~ Cathrina Mueck*
Address *74 Leadenhall Street*
Remarks

with in six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21293



To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Oct 18 1877

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Oct 16 1877

4. Place of Birth (Street and Number) 32 Wolfe St

5. Full Name of Mother Fannie Alberkel

6. Mother's Maiden Name Fannie Gifford

7. Mother's Birthplace America

8. Full Name of Father Jacob Alberkel

9. Father's Occupation Laborer

10. Father's Birthplace America

Name of Medical Attendant, or other Person who makes this return Mrs. Mary Amend

Address No 137 Wolfe St

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21294

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Black
3. Date of Birth Oct 16th, 1897
4. Place of Birth (Street and Number) 196 Annielle St
5. Full Name of Mother Jamesanna Monroe
6. Mother's Maiden Name Jamesanna Leonard
7. Mother's Birthplace Baltimore
8. Full Name of Father Sam'l Monroe
9. Father's Occupation Cigar Driver
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this return Theodore Locke M.D.
- Address
- Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth October 10th 1877
4. Place of Birth (Street and Number) No 111 Orchard St
5. Full Name of Mother Maggie Grace
6. Mother's Maiden Name Maggie Cunningham
7. Mother's Birthplace Baltimore
8. Full Name of Father Lawrence Grace
9. Father's Occupation Driver
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this return C. A. Smith
- Address 111 Orchard St
- Remarks

RETURN OF A BIRTH.

21296

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second (2^d)*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *October 17th 1877*
4. Place of Birth (Street and Number) *No. 53 North Broadway*
5. Full Name of Mother *Mrs. Mary Ann Emma Dutton*
6. Mother's Maiden Name *Mrs. Margaret E. Masson*
7. Mother's Birthplace *Baltimore, Md.*
8. Full Name of Father *Mr. Calvin Dutton*
9. Father's Occupation *Transfer Agent*
10. Father's Birthplace *Canada*
- Name of Medical Attendant, or other Person who makes this Return *Wm. H. Hendriksen*
- Address *No. 102 North Broadway*
- Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

to be filled out by the Registrar, and to be returned to the Registrar, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *9^d*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *October 17th 1877*
4. Place of Birth (Street and Number) *No 285 Eutaw Street*
5. Full Name of Mother *Caroline Hassenkamm*
6. Mother's Maiden Name *" " Bäcker*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Anton Hassenkamm*
9. Father's Occupation *Carpenter*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this return *Theresia Eigeldinger*
- Address *No 14 Union St.*
- Remarks

advise of the birth of any child, within the city or Baltimore, from report to the Registrar, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21298

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

one

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

3. Date of Birth

Oct 17th 1877

4. Place of Birth (Street and Number)

#13 Canal St

5. Full Name of Mother

Amelia Appeler

6. Mother's Maiden Name

Amelia Stahl

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Harry Appeler

9. Father's Occupation

Salesman

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this return

Address

Dr. J. C. Dulany & Co. Baltimore 126 N. Livingston

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21299

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Oct 17th 1877*
4. Place of Birth (Street and Number) *102 George St*
5. Full Name of Mother *Carrie Ida Bryant*
6. Mother's Maiden Name *Christie*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *George S Bryant*
9. Father's Occupation *Clerk*
10. Father's Birthplace *Washington*
Name of Medical Attendant, or other Person who makes this Return. *Elias C. Price M.D.*
Address *262 Madison Av*
Remarks

State, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21300

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Oct. 17th 1877
4. Place of Birth (Street and Number) N^o. 55 Parkin st.
5. Full Name of Mother Sarah Lewis
6. Mother's Maiden Name Sarah Smith
7. Mother's Birthplace Baltimore
8. Full Name of Father James Lewis
9. Father's Occupation Newester
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Came Mercer
- Address 136 W^h. Henry St. Baltimore Md.
- Remarks

to be at the house of any child, within the City of Baltimore, and report to the registrar abroad, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21301

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) wht
3. Date of Birth 17 Oct. 1877
4. Place of Birth (Street and Number) 356 N. Eutanw.
5. Full Name of Mother Ida G. Harris
6. Mother's Maiden Name " " Green
7. Mother's Birthplace Maryland
8. Full Name of Father Richard H. Harris
9. Father's Occupation Musician
10. Father's Birthplace md.
- Name of Medical Attendant, or other Person who makes this Return. G. Lane Taneyhill
- Address 129 W. Biddle St
- Remarks

RETURN OF A BIRTH.

21302

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c) No. 3.

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) Colored

3. Date of Birth October the 17. 18. 77

4. Place of Birth (Street and Number) 74. Edmunds ave

5. Full Name of Mother Lede milkers

6. Mother's Maiden Name Lede young

7. Mother's Birthplace 1003 St. Baltimore. M. d.

8. Full Name of Father man w. m. young

9. Father's Occupation waiter

10. Father's Birthplace Mulberry St Baltimore. M. d.

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary. E Chew. m. m.

Address No. 29. State St Baltimore M. d.

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

³⁴
Is Male

White

October 17th 1877

273 William St.,

Annie E. Johnson

White

Dreanau

Wm. J. Johnson

Mariner

Mary Ann

P. C. Lee

10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100

RETURN OF A BIRTH.

21304



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

3. Date of Birth

OCT 17th 1877

4. Place of Birth (Street and Number)

379 Eastern Ave

5. Full Name of Mother

Maria Heiser

6. Mother's Maiden Name

Hecht

7. Mother's Birthplace

Germany

8. Full Name of Father

George Heiser

9. Father's Occupation

Grocer

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this return

Mrs Elizabeth Buschmann

Address

120 Bank St

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th 1

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

3. Date of Birth

Oct 17th 1877

4. Place of Birth (Street and Number)

166 Madeira Alley

5. Full Name of Mother.

Elizabetha Betz

6. Mother's Maiden Name

Bauer

7. Mother's Birthplace

Germany

8. Full Name of Father

John Betz

9. Father's Occupation

Miller

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this return

Mrs Elizabetha Buschmann

Address

124 B. & B. St.

Remarks

Leave in the office of the Registrar, within the City of Baltimore, Maryland, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21306

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Oct 17 1877*
4. Place of Birth (Street and Number) *168 Conway St*
5. Full Name of Mother *Catherine Weyforth*
6. Mother's Maiden Name *Catherine Gatz*
7. Mother's Birthplace *Balt City*
8. Full Name of Father *Philip Weyforth*
9. Father's Occupation *Merchant Taylor*
10. Father's Birthplace *Balt City*
- Name of Medical Attendant, or other Person who makes this Return. *W. C. Carr M.D.*
- Address *506 W. Fayette*
- Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3^d
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth Oct 17th 1872
4. Place of Birth (Street and Number) No 12 Larue Alley
5. Full Name of Mother Rhoda Woolford
6. Mother's Maiden Name Rhoda Whittington
7. Mother's Birthplace Cambridge Md
8. Full Name of Father Abraham Woolford
9. Father's Occupation Sailor
10. Father's Birthplace Maryland
- Name of Medical Attendant, or other Person who makes this Return. Ellen Stubbs
- Address 42 Sharp St Alley
- Remarks _____

RETURN OF A BIRTH.

21308

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Third confinement*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *17 Octob*
4. Place of Birth (Street and Number) *No 55 Richmond St*
5. Full Name of Mother *Mary Mandilla Luckenbaugh*
6. Mother's Maiden Name *" " Fulcrum*
7. Mother's Birthplace *Carroll Co. Maryland*
8. Full Name of Father *Emmanuel Luckenbaugh*
9. Father's Occupation *Police officer*
10. Father's Birthplace *Codorus Township York Co. Pa.*
- Name of Medical Attendant, or other Person who makes this Return. *Charles H. Reiger, M. D.*
- Address *No. 267 Druid Hill Ave*
- Remarks

Give as the birth of any child within the city or town, and report to the Registrar of Health, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Sixth, Elmer A.*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) _____
3. Date of Birth *17th October*
4. Place of Birth (Street and Number) *50 North Green Street*
5. Full Name of Mother *Rosalie Jones*
6. Mother's Maiden Name *Miller*
7. Mother's Birthplace *Genia (Saxony)*
8. Full Name of Father *Arthur James Gregg*
9. Father's Occupation *Restaurant*
10. Father's Birthplace *Genia (Saxony)*
- Name of Medical Attendant, or other Person who makes this Return. *Anna Lindner*
- Address *2045 Memorial St.*
- Remarks _____

Give as the date of birth, sex, and color of the child or children within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21310



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*
1. Sex (state whether Male or Female) *Boy*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *Oct 17 1877*
4. Place of Birth (Street and Number) *75 Montgomery Street*
5. Full Name of Mother *Ida Williams*
6. Mother's Maiden Name
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *James Hatty*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this return *Deborah Thomas*
- Address *71 Burgundy Alley*
- Remarks

21311



BALTIMORE CITY. Oct 18th 1877.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Oct 17th 1877
4. Place of Birth (Street and Number) 184 Chapple St.
5. Full Name of Mother Beatie Fallstick
6. Mother's Maiden Name Beatie Clarkson
7. Mother's Birthplace Germany
8. Full Name of Father Henry Fallstick
9. Father's Occupation Baker
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this return Mrs. Mary Amend
- Address No 737 Wolfe St
- Remarks all

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21312

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Oct 17, 1897*
4. Place of Birth (Street and Number) *109 Peach Blley*
5. Full Name of Mother *Catharine M. Keyser*
6. Mother's Maiden Name *Catharine M. Courroy*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *John Keyser*
9. Father's Occupation *Varnisher*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this return *Theodore Locke M.D.*
- Address
- Remarks

RETURN OF A BIRTH.

21913



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

Colored

3. Date of Birth

October 17th 1877

4. Place of Birth (Street and Number)

No 30 N. Liberty St.

5. Full Name of Mother

Harriet

6. Mother's Maiden Name

Harriet Taylor

7. Mother's Birthplace

Lexington Va.

8. Full Name of Father

Unknown

9. Father's Occupation

"

10. Father's Birthplace

"

Name of Medical Attendant, or other Person who makes this return

Mrs Jane Weinberger

Address

No 23 N. Liberty St

Remarks

This child is one of twins.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21314

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

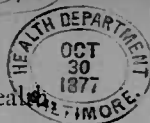


- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third child of*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Borne on the 17th of October 1877*
4. Place of Birth (Street and Number) *253 N. Eden st.*
5. Full Name of Mother *Sabra E. Sheekille*
6. Mother's Maiden Name *Sabra E. Leconte*
7. Mother's Birthplace *Cambridge in Dorchester Co. Md.*
8. Full Name of Father *R. W. Sheekille*
9. Father's Occupation *Agent for Powder Polish*
10. Father's Birthplace *Baltimore Md*
- Name of Medical Attendant, or other Person who makes this Return. *Mary Ann Rutt*
- Address *181 N. Central Av. I.*
- Remarks *T. C. Hanthy*

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21315



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Oct 18 1877*
4. Place of Birth (Street and Number) *# 287 Alice Allen Str.*
5. Full Name of Mother *Carolina Hintze*
6. Mother's Maiden Name *Germany*
7. Mother's Birthplace *Mr Hintze*
8. Full Name of Father *laborer*
9. Father's Occupation *Germany*
10. Father's Birthplace *Mr Mary J Simms*
Name of Medical Attendant, or other Person who makes this return *# 513 Washington Str*
Address *A.P.*
Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth October 18th 1877
4. Place of Birth (Street and Number) Dacater Street Locust Point.
5. Full Name of Mother Mary Cahill
6. Mother's Maiden Name Mary Kennedy
7. Mother's Birthplace Ireland
8. Full Name of Father Pierce Cahill
9. Father's Occupation Boatman
10. Father's Birthplace Ireland
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Gertrude Otter,
- Address _____
- Remarks _____

Notice at the birth of any child within the City of Baltimore, shall report to the Registrar of Health, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

21317

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2nd (Second)*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *October 18th 1877*
4. Place of Birth (Street and Number) *167 Lee Street*
5. Full Name of Mother *Lina Prechtel*
6. Mother's Maiden Name *Wittenau*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *John Prechtel*
9. Father's Occupation *Book-keeper*
10. Father's Birthplace *Baltimore*
Name of Medical Attendant, or other Person who makes this Return. *J. E. Corcoran M.D.*
Address *J. E. Corcoran 1 Caroline Street*
Remarks

RETURN OF A BIRTH.

21318

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Oct 18 1877

4. Place of Birth (Street and Number)

40 Williamson St

5. Full Name of Mother

Clara V. Sprigg

6. Mother's Maiden Name

Clara V. Thomas

7. Mother's Birthplace

Balto.

8. Full Name of Father

Singleton V. Sprigg

9. Father's Occupation

Miner

10. Father's Birthplace

Balto.

Name of Medical Attendant, or other Person who makes this return

Theodore C. K. Smith

Address

Remarks

as true at the birth of any child, within the City of Baltimore, must report to the Registrar of Health, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21319

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Oct 18. 97

4. Place of Birth (Street and Number)

62 South Broadway

5. Full Name of Mother

Rosa Bradenstader

6. Mother's Maiden Name

Trabus

7. Mother's Birthplace

Germany

8. Full Name of Father

William Bradenstader

9. Father's Occupation

Beer Bottler

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Gutzke

Address

515 S. Bond St

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21320

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *Oct the 18 1877*
4. Place of Birth (Street and Number) *No 163 Townsend*
5. Full Name of Mother *Anna Lemmert*
6. Mother's Maiden Name *Anna Tollmeier*
7. Mother's Birthplace *Germany*
8. Full Name of Father *John Lemmert*
9. Father's Occupation *Shoemaker*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Dr Miss Anne Hedenzehl*
- Address *No 220 Preston St*
- Remarks

Having at the birth of any child, within the City of Baltimore, been present at the registration of the birth, and being within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21321

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *Caucasian*
3. Date of Birth *Oct. 14, 1877*
4. Place of Birth (Street and Number) *No 138 S. Caroline Baltimore*
5. Full Name of Mother *Anna Williams*
6. Mother's Maiden Name *Anna Cooper*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *George Williams*
9. Father's Occupation *Writer*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. J. H. Williams*
- Address *No 138 S. Caroline St.*
- Remarks *The Child is present in its mother's arms*

Within six days after the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21322



To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth Oct 18th 1877

4. Place of Birth (Street and Number) D. Durham St near Monument

5. Full Name of Mother Mary Hipp

6. Mother's Maiden Name Schwarz

7. Mother's Birthplace City

8. Full Name of Father Geo. Hipp

9. Father's Occupation Legar maker

10. Father's Birthplace City

Name of Medical Attendant, or other Person who makes this return Mrs Elizabeth Bussell

Address 120 Barr St

Remarks

advise at the birth of any child, within the day or two, to the Registrar a record, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race)

3. Date of Birth *Oct 18 1877*

4. Place of Birth (Street and Number) *46 S. Patterson Ave*

5. Full Name of Mother *Lisette Bohmenberg*

6. Mother's Maiden Name *Miller*

7. Mother's Birthplace *Germany*

8. Full Name of Father *Fred. Bohmenberg*

9. Father's Occupation *Lab. ar*

10. Father's Birthplace *Germany*

Name of Medical Attendant, or other Person who makes this return *Mrs. Elizabeth Buschman*

Address *120 Bass R. Str.*

Remarks

Leave at the birth of any child, within the City or Municipality, a return to the Registrar, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~) *8th*

1. Sex (~~state whether Male or Female~~)
2. Race or Color (~~if not of the white race~~)
3. Date of Birth
4. Place of Birth (Street and Number)
5. Full Name of Mother
6. Mother's Maiden Name
7. Mother's Birthplace
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace

October, 1877
23 Eastern Av
Beatrice Snyder
" Jordon
Ireland
Mathew Snyder
Carpenter
Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

A. J. Shepherd M.D.
11 S. High St

advise at the birth of any child, within the City of Baltimore, and report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21325

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) _____
3. Date of Birth Oct. 18 1877
4. Place of Birth (Street and Number) 116 N. E. Ave.
5. Full Name of Mother Elizabeth Jane Cimick
6. Mother's Maiden Name " " Howe,
7. Mother's Birthplace W. Va.
8. Full Name of Father Joseph P. Cimick
9. Father's Occupation Black
10. Father's Birthplace Pa.
- Name of Medical Attendant, or other Person who makes this Return. C. C. Mawley, M.D.
- Address 13 N. Y. Ave. No.
- Remarks Normal

RETURN OF A BIRTH. 21326

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of Mother (state whether 1st, 2d, 3d, &c.) one 67

whether Male or Female) female

Color (if not of the white race) white

Birth

Birth (Street and Number) The 18

of Mother Baltimore 28 Ave St

Maiden Name Mary A Bruse

Birthplace Mary, A Jones

of Father Summeret County Md

Occupation granball Bruse

Birthplace labor

Medical Attendant, or other Person who makes this Return. Virginia

Elizabeth Hathorne
Port & Ave no 6

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21327

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Second*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *October 18th 1877*

4. Place of Birth (Street and Number) *237 E. Pratt St.*

5. Full Name of Mother *Laura Joins*

6. Mother's Maiden Name *Laura Brown*

7. Mother's Birthplace *Bethesda Md*

8. Full Name of Father *William E Joins*

9. Father's Occupation *Saleman*

10. Father's Birthplace *Baltimore Md.*

Name of Medical Attendant, or other Person who makes this Return. *John S. Lynch M.D.*

Address *S. E. Broadway & Pratt.*

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21328

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3d Baltimore*
1. Sex (state whether Male or Female) *in Baltimore*
2. Race or Color (if not of the white race) *It is white*
3. Date of Birth *18 October 1877*
4. Place of Birth (Street and Number) *Baltimore Born St. 117*
5. Full Name of Mother *Anna Zlenk*
6. Mother's Maiden Name *Anna Orck*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Joseph Orck*
9. Father's Occupation *Miller*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Mary Kuntz*
- Address *15 N. Harrison St*
- Remarks *Baltimore*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical constitution, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21329

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



- 2nd
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Oct 18th 1877
4. Place of Birth (Street and Number) 841 Hennepin St
5. Full Name of Mother Elanora Journey
6. Mother's Maiden Name Elanora Dargel
7. Mother's Birthplace Baltimore
8. Full Name of Father Oscar W. Journey
9. Father's Occupation Shoemaker
10. Father's Birthplace Kent County
- Name of Medical Attendant, or other Person who makes this return Theodore C. M. D.
- Address
- Remarks

notices at the birth of any child, within the City of Baltimore, shall report to the Registrar a birth, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21330

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First 121*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *October 17, 1877.*
4. Place of Birth (Street and Number) *No. 28 Spring Street*
5. Full Name of Mother *Mrs. Ida Virginia Curry*
6. Mother's Maiden Name *Miss Ida F. Bangert*
7. Mother's Birthplace *Baltimore, Md.*
8. Full Name of Father *Mr. Newman Benton Curry*
9. Father's Occupation *Telegraph Operator*
10. Father's Birthplace *Baltimore Md*
- Name of Medical Attendant, or other Person who makes this Return. *Wm C. Cludine*
- Address *No. 102 N. Broadway*
- Remarks

RETURN OF A BIRTH.

21331

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of Mother (state whether 1st, 2d, 3d, &c.) 1st
whether Male or Female) Male
Color (if not of the white race) White
Birth 19th
Birth (Street and Number) 151 park Avenue
of Mother Lizzie Crawford
Maiden Name Harris
Birthplace Baltimore
of Father John C Crawford
Occupation hatter
Birthplace Baltimore
Medical Attendant, or other Person who makes this Return. Mrs Guy

advice at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

213321
RETURN OF A BIRTH.



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth October 19th 1877

4. Place of Birth (Street and Number) No 41 N. Bond St

5. Full Name of Mother Emma, J. Moore

6. Mother's Maiden Name " " The free - a

7. Mother's Birthplace up Dorchester County N. C.

8. Full Name of Father Thomas, J. Moore

9. Father's Occupation Capt of small Oyster Boat

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sam, C. Rumer

Address

Remarks

These are the facts of any child, within the City of Baltimore, and report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *Oct 17 1877*
4. Place of Birth (Street and Number) *25 N. Hollist St*
5. Full Name of Mother *Mary H. Gayden*
6. Mother's Maiden Name *Mary H. Hess*
7. Mother's Birthplace *Prussia*
8. Full Name of Father *Rev. Gayden*
9. Father's Occupation *Minister*
10. Father's Birthplace *Germany*
Name of Medical Attendant, or other Person who makes this Return. *Mary H. McCall*
Address *286 N. Hollist St*
Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

9th

1. Sex (state whether Male or Female)

male

2. Race or Color (if not of the white race)

white

3. Date of Birth

October 19th 1877

4. Place of Birth (Street and Number)

67. N. Front st.

5. Full Name of Mother

Mary Ann Mc Garity

6. Mother's Maiden Name

" " Conigan

7. Mother's Birthplace

Baltimore city

8. Full Name of Father

Bernard W. Mc Garity

9. Father's Occupation

Saw maker

10. Father's Birthplace

Baltimore city

Name of Medical Attendant, or other Person who makes this Return.

P. S. Danaher

Address

27. N. Broadway

Remarks

any one at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 21335

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Sixth Child

Male

White

Oct. 19th 1871

No. 53, S. Schupbach

Hannah Guise

W. H. M. M. M.

Ireland

John Guise

Sea Captain

Pennsylvania

W. J. M. M. M.

244

Black St.

males at the term of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21336



To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Shord*
1. Sex (state whether Male or Female) *Boys*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *19 Nov.*
4. Place of Birth (Street and Number) *34. Barnes St.*
5. Full Name of Mother *Maria Picha*
6. Mother's Maiden Name *" Danuska*
7. Mother's Birthplace *Walesitz Bohemia*
8. Full Name of Father *Nepool Picha*
9. Father's Occupation *Catch - Macker.*
10. Father's Birthplace *Liesitz Bohemia*
- Name of Medical Attendant, or other Person who makes this Return. *J. Conrad*
- Address *34. Barnes St.*
- Remarks

Attest at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21337

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..

2d

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Oct. 19th

4. Place of Birth (Street and Number)

Sumner St No. 209

5. Full Name of Mother

Anna Stambach

6. Mother's Maiden Name

" Röder

7. Mother's Birthplace

Balt

8. Full Name of Father

Julius Stambach

9. Father's Occupation

Artist

10. Father's Birthplace

Balt

Name of Medical Attendant, or other Person who makes this Return.

Johanna Schulte

Address

Remarks

Midwife

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*
1. Sex (state whether Male or Female) *male*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *October 19 1877*
4. Place of Birth (Street and Number) *Johns Chbery*
5. Full Name of Mother *Clara Garrett*
6. Mother's Maiden Name *Clara Matthews*
7. Mother's Birthplace *Howard County*
8. Full Name of Father *William Garrett*
9. Father's Occupation *Drayman*
10. Father's Birthplace *Howard County*
- Name of Medical Attendant, or other Person who makes this Return. *Hester Bordley Detress*
- Address *85 Orchard street*
- Remarks

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

21339

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

5th

1. Sex (state whether Male or Female)

Female
White

2. Race or Color (if not of the white race)

3. Date of Birth

October 19th 1877

4. Place of Birth (Street and Number)

390 Mulberry St.

5. Full Name of Mother

Amelia E. Russell

6. Mother's Maiden Name

Amelia E. Shanks

7. Mother's Birthplace

Baltimore City

8. Full Name of Father

Joseph F. Russell

9. Father's Occupation

Clerk

10. Father's Birthplace

Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

J. Shelton Hill M.D.

Address

432 W. Fayette St.

Remarks

Balto, Md.

advises at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21340

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

11th

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

October 9th 1877

4. Place of Birth (Street and Number)

Canover Street No 209

5. Full Name of Mother

Antonette Krause

6. Mother's Maiden Name

" Eichert

7. Mother's Birthplace

France

8. Full Name of Father

C. J. Krause

9. Father's Occupation

Cabinet maker

10. Father's Birthplace

France

Name of Medical Attendant, or other Person who makes this Return.

No 12 Elizabeth Scarborough

Address

No 220 Montgomery Street Baltimore

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21341

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *4 Number of child*
1. Sex (state whether Male or Female) *Female child*
2. Race or Color (if not of the white race) *Brown skin*
3. Date of Birth: *17 of October*
4. Place of Birth (Street and Number) *No 2 Lewis st*
5. Full Name of Mother *Sarah Lizza Ridgdon*
6. Mother's Maiden Name *Sarah Lizza Purviance*
7. Mother's Birthplace *Samuel Ridgdon*
8. Full Name of Father *Steven Low*
9. Father's Occupation *Baltimore*
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Harriet Brittain Minifie
145 North Eden st

notice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (~~state whether Male or Female~~)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Oct 19th 1877
#180 Hollins St
Eliza Nellis
" " Whitehorse
Balt
Levin T. Willis
Carpenter
Ind

Geo H. Lepton
#1 Waverley Terrace

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race)

3. Date of Birth *Oct 17th 1877*

4. Place of Birth (Street and Number) *249 Eastern Ave*

5. Full Name of Mother *Sister Pissin*

6. Mother's Maiden Name *" Appolt*

7. Mother's Birthplace *City*

8. Full Name of Father *Wilhelm Pissin*

9. Father's Occupation *City*

10. Father's Birthplace *Mariner*

Name of Medical Attendant, or other Person who makes this return

Address

Remarks

Mrs Elizabeth Burdman
120 Bank St

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21344

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth 19 Oct

4. Place of Birth (Street and Number) 184 Calvert St

5. Full Name of Mother Mary J. Keegan

6. Mother's Maiden Name Gannely

7. Mother's Birthplace Baltimore

8. Full Name of Father Patrick Keegan

9. Father's Occupation Stiver, Stable

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this return Mrs. J. Keegan

Address 184 Calvert St

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

213115

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth 19 Oct
4. Place of Birth (Street and Number) 84 Madison St
5. Full Name of Mother Mary Smith
6. Mother's Maiden Name Jurney
7. Mother's Birthplace Ireland
8. Full Name of Father Henry Smith
9. Father's Occupation Waiter
10. Father's Birthplace Ireland
- Name of Medical Attendant, or other Person who makes this return Mrs. J. H. Thomas
- Address West 7th Street, No. 13
- Remarks

Notice at the birth of any child, within the City of Baltimore, and report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) _____
3. Date of Birth 19 Oct 1877
4. Place of Birth (Street and Number) 62 E. Eden St.
5. Full Name of Mother Jane St. Barsett
6. Mother's Maiden Name Pullen
7. Mother's Birthplace England
8. Full Name of Father Wellington F. Barsett
9. Father's Occupation Baker
10. Father's Birthplace England
- Name of Medical Attendant, or other Person who makes this Return. Gertrude Miller
- Address 157 E. Pratt St.
- Remarks _____

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2^d*
 1. Sex (state whether Male or Female) *Female*
 2. Race or Color (if not of the white race) *White*
 3. Date of Birth *October the 19 1877*
 4. Place of Birth (Street and Number) *No 52 Light Street*
 5. Full Name of Mother *Julia Deutschall*
 6. Mother's Maiden Name *" " Joseph*
 7. Mother's Birthplace *Baltimore*
 8. Full Name of Father *Herrmann Deutschall*
 9. Father's Occupation *Cooper*
 10. Father's Birthplace *Germany*
 Name of Medical Attendant, or other Person who makes this return *Caroline Munch*
 Address *74 Leaden hall Street*
 Remarks

notice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21348



To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. *October 22nd 1877*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *October 19th 1877*

4. Place of Birth (Street and Number) *No 133 Eden Street*

5. Full Name of Mother *Annetta Gasiger*

6. Mother's Maiden Name *Annetta Yeager*

7. Mother's Birthplace *America*

8. Full Name of Father *Charles Gasiger*

9. Father's Occupation *Carpenter*

10. Father's Birthplace *Germany*

Name of Medical Attendant, or other Person who makes this return

Mrs. M. Amund.

Address *No 131 S. Wolf Street.*

Remarks

At the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21349

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

White

Oct 19 1877

90 Parkin St

Mary Whelan

French

Baltimore

Andrew Whelan

Lab. man

Baltimore

A. L. Picotter

377 W. Lombard St

and, in case of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth October 20. 1877
4. Place of Birth (Street and Number) 52 Stockholm Street
5. Full Name of Mother Lenan Jackson
6. Mother's Maiden Name Lenan Waters
7. Mother's Birthplace Baltimore City
8. Full Name of Father William Jackson
9. Father's Occupation Fire Man
10. Father's Birthplace Baltimore City
- Name of Medical Attendant, or other Person who makes this Return.
- Address Mary Ann Darsey No 140 Wagon Street
- Remarks fine Dollars

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21351

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Oct 20 1877
4. Place of Birth (Street and Number) 285 Canal St
5. Full Name of Mother Mary J Jackson
6. Mother's Maiden Name Mary first
7. Mother's Birthplace Germany
8. Full Name of Father Andrew Jackson
9. Father's Occupation Ship Rider
10. Father's Birthplace Baltimore
Name of Medical Attendant, or other Person who makes this Return. Miss E. Gray
Address 193 So. Chester St
Remarks Healthy

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21352

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

10th

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

October 20/77

4. Place of Birth (Street and Number)

James St W 129

5. Full Name of Mother

Sally Thala

6. Mother's Maiden Name

" Bankard

7. Mother's Birthplace

Bath

8. Full Name of Father

John Thala

9. Father's Occupation

Labour

10. Father's Birthplace

Bath

Name of Medical Attendant, or other Person who makes this Return

Dr. Hermann Schultze

Address

Remarks

Midwife

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21353

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

4th

1. Sex (state whether Male or Female)

female

2. Race or Color (if not of the white race)

white

3. Date of Birth

October 20th 1877

4. Place of Birth (Street and Number)

Belair St. opposite Pennsylvania St.

5. Full Name of Mother

Margaretta Winkler

6. Mother's Maiden Name

"

7. Mother's Birthplace

Germany

8. Full Name of Father

George Winkler

9. Father's Occupation

Cooper

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

J. C. Dausch M.D.

Address

27. N. Broadway

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21354

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex (state whether Male or Female) *White Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Oct 20th 1877*

4. Place of Birth (Street and Number) *34 Courington St*

5. Full Name of Mother *Mary Fisher*

6. Mother's Maiden Name *Clay Andre*

7. Mother's Birthplace *Germany*

8. Full Name of Father *William Fisher*

9. Father's Occupation *Glass Blower*

10. Father's Birthplace *Germany*

Name of Medical Attendant, or other Person who makes this return *Theodor Locke M.D.*

Address

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21355

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd Child*

1. Sex (state whether ~~Male~~ or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *October 20th*

4. Place of Birth (Street and Number) *Hampstead St. N. E.*

5. Full Name of Mother *Mary Peumolds*

6. Mother's Maiden Name *Mary Hoary*

7. Mother's Birthplace *Baltimore, Md.*

8. Full Name of Father *Edward Peumolds*

9. Father's Occupation *Blacksmith*

10. Father's Birthplace *Baltimore, Md.*

Name of Medical Attendant, or other Person who makes this return

Address *N. Dallas St. N. E.*

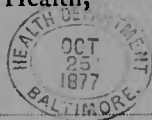
Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21356

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*

1. Sex (state whether ~~Male~~ or Female) _____
 2. Race or Color (if not of the white race) *White*
 3. Date of Birth *October the 20, 1877*
 4. Place of Birth (Street and Number) *No. Elder St. No. 60.*
 5. Full Name of Mother *Mary Weber*
 6. Mother's Maiden Name *Mary Ost*
 7. Mother's Birthplace *Baltimore City*
 8. Full Name of Father *John Weber*
 9. Father's Occupation *Butcher*
 10. Father's Birthplace *Lipslos V. Preussen Germany*
- Name of Medical Attendant, or other Person who makes this return *Mary E. Muller*
Address *N. Dallas St. No. 26.*
Remarks _____

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21357

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *the 1st.*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *born on the 20th of Oct. 1877*
4. Place of Birth (Street and Number) *No 5 Browns Lane*
5. Full Name of Mother *Anna Kaufmann*
6. Mother's Maiden Name *Brown*
7. Mother's Birthplace *born in the City of Balto.*
8. Full Name of Father *Henry Kaufmann*
9. Father's Occupation *Butcher*
10. Father's Birthplace *City of Balto.*
- Name of Medical Attendant, or other Person who makes this Return. *Miss Miller*
- Address *No 37 malone St*
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21358

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2^d
1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) wht
3. Date of Birth Oct. 20. 1877
4. Place of Birth (Street and Number) 286 N. Eutaw st
5. Full Name of Mother Fanny E. How
6. Mother's Maiden Name " Cornelius
7. Mother's Birthplace va
8. Full Name of Father Mrs. A. How
9. Father's Occupation shoemaker
10. Father's Birthplace Mass

Name of Medical Attendant, or other Person who makes this Return. Chas. J. Taneyhill

Address 129 W. Redd St

Remarks Premature rupture of ovaries 96 hours before end of labor: OS dilated by 15 gr. Quinine ev 3 hr for 3 doses: used chloroform and took child by inclinations: doing well Oct 23. 77 as also mother. Del.

born, live or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

21359

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *first*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *October 20*
4. Place of Birth (Street and Number) *97 Millard St*
5. Full Name of Mother *Mary Margaret Murray*
6. Mother's Maiden Name *Mary M. McCormick*
7. Mother's Birthplace *Ireland*
8. Full Name of Father *Michael McCormick*
9. Father's Occupation *Brass Molder*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Ward No 4*
- Address *Webster row near Lager St*
- Remarks

Notice as the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21360

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Two*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *20th Oct.*
4. Place of Birth (Street and Number) *279 Hoffman St.*
5. Full Name of Mother *Thiemeyer Emilie*
6. Mother's Maiden Name *Emilie Thiemeyer*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Geo. Altheter*
9. Father's Occupation *None at present*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Annie Mesenztel*
- Address *13 220 Preston St*
- Remarks

advice of the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether Male or Female) *Boy*

2. Race or Color (if not of the white race) *Colored*

3. Date of Birth *born October 20th 1877*

4. Place of Birth (Street and Number) *Wilcombe Alley No 22*

5. Full Name of Mother *Annie Cornish*

6. Mother's Maiden Name

7. Mother's Birthplace *Jamaica Island Taylors Island*

8. Full Name of Father *un married*

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. *Sarah Jones*

Address *No 67 Wilcombe Alley*

Remarks *in good health as expected*

inmate at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *J.D.*

1. Sex (~~state whether Male or Female~~)

2. Race or Color (~~if not of the white race~~)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

*Oct 22 1877.
264 Lexington St.
Henrietta Schwaab,
Henrietta Schwaab
Baltimore City,
Henry Schwaab
Grocer,
John A. Fitzgerald, M.D.,
City.*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21363



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race)
3. Date of Birth 20th Oct.
4. Place of Birth (Street and Number) 12 Walker
5. Full Name of Mother Annie Louisa Bodskin
6. Mother's Maiden Name " Bashner
7. Mother's Birthplace U. States
8. Full Name of Father Henry Bodskin
9. Father's Occupation Tailor
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this return Sarah Kearney
- Address 528 Lombard
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21364



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6 d.*

1. Sex (state whether Male or Female) *Male.*

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this return

Address

Remarks

October 20th 1877.

Light Street, No 333.

Margaret A. Bond.

Margaret A. Applelet

Baltimore County, Balt^o Md.

John O. Bond.

Machinist

Baltimore County, Balt^o Md.

Dorothea Bruene

119. Battery St

and also at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21365

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



40

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

Female
White

2. Race or Color (if not of the white race)

3. Date of Birth

Oct 20 1877

4. Place of Birth (Street and Number)

No. 30 Amity St

5. Full Name of Mother

Kate Brooks

6. Mother's Maiden Name

Kate Butler

7. Mother's Birthplace

City

8. Full Name of Father

Michael Brooks

9. Father's Occupation

Police Officer

10. Father's Birthplace

City

Name of Medical Attendant, or other Person who makes this Return.

Wm B Noble M.D.

Address

17 N. Main St

Remarks

advised at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

21366

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Oct. 20, 1877

4. Place of Birth (Street and Number)

129 Hollins St

5. Full Name of Mother

Mary Smith

6. Mother's Maiden Name

Hargis

7. Mother's Birthplace

Ireland

8. Full Name of Father

Jos. Thomas Smith

9. Father's Occupation

Bricklayer

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

John Hord, M.D.

Address

2 N. Carey St

Remarks

Healthy, well developed child

Use at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21367



To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *October 20th 1877*
4. Place of Birth (Street and Number) *52 Brune Street*
5. Full Name of Mother *Justina Frohnheisen*
6. Mother's Maiden Name *" " Kramer*
7. Mother's Birthplace *Germany*
8. Full Name of Father *August Frohnheisen*
9. Father's Occupation *Baker*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this return *Theresa Sigeldinger*
- Address *No 14 Union Street*
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21368

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *fifth.*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *21 October.*
4. Place of Birth (Street and Number) *18 Barnes St*
5. Full Name of Mother *Franciska Nemeš*
6. Mother's Maiden Name *Pliska*
7. Mother's Birthplace *Kovarovic Bohemia*
8. Full Name of Father *Jakob Nemeš*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Velran Bohemia*
- Name of Medical Attendant, or other Person who makes this Return. *J. Conrad*
- Address *No. 20 Barnes St*
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21369

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).

2d

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth...

October 20th / 77

4. Place of Birth (Street and Number)

Wolf st. No. 144

5. Full Name of Mother

Rosa Kort.

6. Mother's Maiden Name

Rosa Wincinski

7. Mother's Birthplace

Germany

8. Full Name of Father

Eustas Kort.

9. Father's Occupation

Laborer

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Johanna Schutte

Address

Remarks

Midwife

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21370

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *Oct 21st 1877*
4. Place of Birth (Street and Number) *156 Chesapeake str*
5. Full Name of Mother *Maria Kaizer*
6. Mother's Maiden Name *" Warneke*
7. Mother's Birthplace *City*
8. Full Name of Father *Mrs. Kaizer*
9. Father's Occupation *Silver plater*
10. Father's Birthplace *City*
- Name of Medical Attendant, or other Person who makes this return *Mrs Elizabeth Bilschman*
- Address *120 Barr b Str.*
- Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) Colored
3. Date of Birth October 21 1877
4. Place of Birth (Street and Number) 55 Morris Alley
5. Full Name of Mother Annie M. Vane
6. Mother's Maiden Name Annie M. Miller
7. Mother's Birthplace Catonville
8. Full Name of Father Thomas E. Vane
9. Father's Occupation Coachman
10. Father's Birthplace Cockeyville
- Name of Medical Attendant, or other Person who makes this Return. Hester Bordley Doctress
- Address 85 Orchard street
- Remarks

native at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21372

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *19th*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Oct 21st 1877*
4. Place of Birth (Street and Number) *30 Corrington St*
5. Full Name of Mother *Nancy McK*
6. Mother's Maiden Name *Nancy Bryant*
7. Mother's Birthplace *New Jersey*
8. Full Name of Father *Prail Wick*
9. Father's Occupation *Glass Blower*
10. Father's Birthplace *New Jersey*
- Name of Medical Attendant, or other Person who makes this return *Theodore Cooke M.D.*
- Address
- Remarks

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

21373

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd 9th
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth Oct 21st '77
4. Place of Birth (Street and Number) John St above Mrs Ma Makani
5. Full Name of Mother Josephine Fuller
6. Mother's Maiden Name Josephine Walker
7. Mother's Birthplace Bearport SC
8. Full Name of Father Robert Meam Fuller
9. Father's Occupation Clerk
10. Father's Birthplace Bearport SC
- Name of Medical Attendant, or other Person who makes this Return. Edmund R Walker M.D.
- Address 180 Linden Ave
- Remarks L O A - easy

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

213711-

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*

1. Sex (state whether Male ~~or Female~~)
 2. Race or Color (if not of the white race) *White*
 3. Date of Birth *October the 21st*
 4. Place of Birth (Street and Number) *Urban Sq. No. 348*
 5. Full Name of Mother. *Mary Mitchell*
 6. Mother's Maiden Name *Mary Zulauf*
 7. Mother's Birthplace *Baltimore*
 8. Full Name of Father *John Mitchell*
 9. Father's Occupation *Laborer*
 10. Father's Birthplace *Baltimore City*
- Name of Medical Attendant, or other Person who makes this return *Mary E. Keller*
Address *N. Dallas St. No. 26.*
Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21375

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The 148th*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *born on the 21st of Dec. 1877*
4. Place of Birth (Street and Number) *No. 8 Browns Lane*
5. Full Name of Mother *Maria Kase*
6. Mother's Maiden Name *M. Sheaffer*
7. Mother's Birthplace *born in Hessen Germany*
8. Full Name of Father *Anton Kase*
9. Father's Occupation *Butcher*
10. Father's Birthplace *born in Dittenberg Gy.*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Hiller*
- Address *No. 57 Smalwood St.*
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21376

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

Colored

3. Date of Birth

21 Oct

4. Place of Birth (Street and Number)

117 St James St

5. Full Name of Mother

Charlie E Smith

6. Mother's Maiden Name

Wheeler

7. Mother's Birthplace

Pennsylvania

8. Full Name of Father

Henry Smith

9. Father's Occupation

Labourer

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this return

Wm. J. L. L. L.

Address

No 7 Forest Hill

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21377



To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

October 22nd 1877

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth October 21st 1877

4. Place of Birth (Street and Number) No 193 Gough St.

5. Full Name of Mother Lena Strauff

6. Mother's Maiden Name Lena Harper

7. Mother's Birthplace Germania

8. Full Name of Father August Strauff

9. Father's Occupation Barber

10. Father's Birthplace Germania

Name of Medical Attendant, or other Person who makes this return

Mrs M. Amos

Address No 137 & Wolfe St.

Remarks

#

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

21378

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, ~~2nd~~, 3rd, &c.) *First*
1. Sex (~~state whether~~ Male ~~or~~ Female) *Male*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *October 21st*
4. Place of Birth (Street and Number) *334 N Eutan St*
5. Full Name of Mother *Kate Spilcker*
6. Mother's Maiden Name *Lara*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *CW Spilcker*
9. Father's Occupation *Merchant*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Reggie Buckler*
- Address *135 N Charles St*
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21379

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Oct 21st 1877
4. Place of Birth (Street and Number) 479, Mulberry Street
5. Full Name of Mother May E. Beaman
6. Mother's Maiden Name May E. Hunt
7. Mother's Birthplace Andover, Va.
8. Full Name of Father Philip H. Beaman
9. Father's Occupation Merchant
10. Father's Birthplace Andover, Va.
- Name of Medical Attendant, or other Person who makes this Return. Andrew L. Boyd M.D.
- Address 139 N. Holliday St.
- Remarks Normal labor, no complications

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Oct. 21st

4. Place of Birth (Street and Number) 56 Camden St.

5. Full Name of Mother Louanna Berhardt.

6. Mother's Maiden Name Wentz

7. Mother's Birthplace Barbaria

8. Full Name of Father Henry Berhardt

9. Father's Occupation Barber

10. Father's Birthplace Barber

Name of Medical Attendant, or other Person who makes this return Dr. J. Bay. Scott

Address 315 S. Eutan St.

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21387



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3^d

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Oct. 11, 77

4. Place of Birth (Street and Number)

142 Conway St.

5. Full Name of Mother

Virnie Gottrich

6. Mother's Maiden Name

Wiley

7. Mother's Birthplace

Washington

8. Full Name of Father

James Gottrich

9. Father's Occupation

Carriages

10. Father's Birthplace

Virginia

Name of Medical Attendant, or other Person who makes this return

Mary Brock

Address

328 Calver St.

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th child

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Oct 21st 1877

4. Place of Birth (Street and Number)

181 Mulberry St

5. Full Name of Mother

Sophia M. Schultzeis

6. Mother's Maiden Name

Sophia M. Radecke

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Edward Schultzeis

9. Father's Occupation

Artist

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Dumber

Address

60 Schrole

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

3. Date of Birth

21st Oct. 1877

4. Place of Birth (Street and Number)

35 Market Space

5. Full Name of Mother

Lizzie Emma

6. Mother's Maiden Name

Flynn

7. Mother's Birthplace

Ireland

8. Full Name of Father

John Emma

9. Father's Occupation

Salver

10. Father's Birthplace

Ireland

Name of Medical Attendant, or other Person who makes this return

Dr. C. C. Cooper

Address

521st South St.

Remarks

nolwise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21384



To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) _____
3. Date of Birth 21st Oct. 1877
4. Place of Birth (Street and Number) 4 Little Second
5. Full Name of Mother Bernardine Gunnors
6. Mother's Maiden Name Holland
7. Mother's Birthplace U. S.
8. Full Name of Father Tom Gunnors
9. Father's Occupation Laborer
10. Father's Birthplace U. States
- Name of Medical Attendant, or other Person who makes this return Sarah Carpenter
- Address 52 E. Second Street
- Remarks _____

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21385

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

1. Sex (state whether Male or Female)

male

2. Race or Color (if not of the white race)

3. Date of Birth

21 Oct 1877

4. Place of Birth (Street and Number)

231 B. Ave.

5. Full Name of Mother

Mary Kars

6. Mother's Maiden Name

J. Hickling

7. Mother's Birthplace

W. D.

8. Full Name of Father

Joseph Kars

9. Father's Occupation

carpenter

10. Father's Birthplace

W. D.

Name of Medical Attendant, or other Person who makes this return

Sarah Casper

Address

52 E. Lombard

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21386

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

female

2. Race or Color (if not of the white race)

Colored

3. Date of Birth

October 21st

4. Place of Birth (Street and Number)

Ann St 2^d door from Mulikin

5. Full Name of Mother

Sarah Sanders

6. Mother's Maiden Name

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Harry Sanders

9. Father's Occupation

Butcher

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Annie Wiggins

Address

215 Mulikin St.

Remarks

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21387

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st
Female
White

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

October 22^d/77

4. Place of Birth (Street and Number)

O'Donnell st N. 48

5. Full Name of Mother

Louisa Meyer

6. Mother's Maiden Name

Hörner

7. Mother's Birthplace

Balt

8. Full Name of Father

Fred. Meyer

9. Father's Occupation

Labourer

10. Father's Birthplace

Balt

Name of Medical Attendant, or other Person who makes this Return.

Johanna Schutte
Midwife

Address

Remarks

320 Alice Anne st

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21388

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d
Female

1. Sex (state whether Male or Female)

White

2. Race or Color (if not of the white race)

3. Date of Birth

October, 22^d/77

4. Place of Birth (Street and Number)

Canton ave No. 150

5. Full Name of Mother

Ernestina Horstman

6. Mother's Maiden Name

"Lambdin

7. Mother's Birthplace

Germany

8. Full Name of Father

Henry Horstman

9. Father's Occupation

Laborer

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Johnna Schutte

Address

Madison

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5*
1. Sex (state whether Male or Female) *male*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *October 22 1844*
4. Place of Birth (Street and Number) *24 Etting street*
5. Full Name of Mother *Mary Young*
6. Mother's Maiden Name *Mary Foot*
7. Mother's Birthplace *Westmore*
8. Full Name of Father *William Young*
9. Father's Occupation *Coachman*
10. Father's Birthplace *Westmore*
- Name of Medical Attendant, or other Person who makes this Return. *Hester Bordley Doctress*
- Address *25 Orchard street*
- Remarks

advise of the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd Child*

1. Sex (state whether ~~Male~~ or Female)
2. Race or Color (if not of the white race) *White*
3. Date of Birth *October the 22. 1877*
4. Place of Birth (Street and Number) *S. High. St. No 258.*
5. Full Name of Mother *Amalia Eckes*
6. Mother's Maiden Name *Amalia Riller*
7. Mother's Birthplace *Melsungen, Pr. Preussen, Germany*
8. Full Name of Father *Henry Eckes*
9. Father's Occupation *Restaurant*
10. Father's Birthplace *Loekheim, Pr. Preussen Germany*

Name of Medical Attendant, or other Person who makes this return

Address *N. Dallas St. No 26.*

Remarks

advice at the birth of any child within the City of Baltimore, shall report to the registrar, aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born, or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21391

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th Child*

1. Sex (state whether ~~Male~~ or Female)

2. Race or Color (if not of the white race) *White*

3. Date of Birth *October 22*

4. Place of Birth (Street and Number) *S. Dallas St. No. 134.*

5. Full Name of Mother *Elisabetta Kemp*

6. Mother's Maiden Name *Elisabetta Stockman*

7. Mother's Birthplace *Baltimore City*

8. Full Name of Father *Anton Kemp*

9. Father's Occupation *Laborer*

10. Father's Birthplace *Griesheim, W. Wurtemberg, Germany*

Name of Medical Attendant, or other Person who makes the return *Mary E. Muller*

Address *N. Dallas St. No. 26.*

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, the or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

21392
21393



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2^d & 3^d (Twins)
2^d Female 3^d Male

1. Sex (state whether Male or Female)

White

2. Race or Color (if not of the white race)

3. Date of Birth

Oct 22^d 1877

4. Place of Birth (Street and Number)

163 W Lombard St Maternity

5. Full Name of Mother

Mrs. Mary Duwall

6. Mother's Maiden Name

Mary Penn

7. Mother's Birthplace

Montgomery Co. Ind.

8. Full Name of Father

Aaron Duwall

9. Father's Occupation

Farmer

10. Father's Birthplace

Ind

Name of Medical Attendant, or other Person who makes this Return.

D^r Wm Gombel

Address

Resident-Physician

Remarks

163 W. Lombard St.

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

213911

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth October 22
4. Place of Birth (Street and Number) Baltimore 79 Johnson st
5. Full Name of Mother Mary Annie Bridgman
6. Mother's Maiden Name Mary Annie Ellison
7. Mother's Birthplace Aggott's anne armistead county
8. Full Name of Father John Bridgman
9. Father's Occupation Book Binder
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs Ann Nash
- Address _____
- Remarks _____

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 21395

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First Child*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Oct. 22, 1877*
4. Place of Birth (Street and Number) *24 Bank St*
5. Full Name of Mother *Sarah Harrod*
6. Mother's Maiden Name *Heast*
7. Mother's Birthplace *Baltimore City*
8. Full Name of Father *John W. Harrod*
9. Father's Occupation *Free Man*
10. Father's Birthplace *Baltimore City*
- Name of Medical Attendant, or other Person who make this Return. *Dr. J. C. Galt*
- Address *244, Bank St.*
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21396

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 d.
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth October 22 d. 1877
4. Place of Birth (Street and Number) 36 Jackson St.
5. Full Name of Mother Erie Schambles
6. Mother's Maiden Name Erie Simons
7. Mother's Birthplace Baltimore
8. Full Name of Father Gerschwee Schambles
9. Father's Occupation Blacksmith
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Marie R. Rudiger
- Address 134 S. Bond St.
- Remarks

advise at the birth of any child, within the City of Baltimore, stating distinctly the date of birth, sex, and color of the child or children within six days thereafter, to the registrar ~~thereof~~, and, if born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21397

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Oct 29 - 1877*
4. Place of Birth (Street and Number) *136 Regester St.*
5. Full Name of Mother *Beatie Birch*
6. Mother's Maiden Name *Beatie Moore*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Louis Birch*
9. Father's Occupation *Carpenter*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this return *Mrs. Mary Leonard*
- Address *No. 137 Wolfe St.*
- Remarks *H*

Persons attending the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21398

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this return

Address

Remarks

Male
White
October the 22nd 1877
84 N Bond Street
Sophia Raszendor
" " Wagner
Germany
Moses Raszendor
Shoemaker
Germany
Barbara Bais
26 N Frederick Street

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Three children*
1. Sex (state whether Male or Female) *Male child*
2. Race or Color (if not of the white race) *Brown skin*
3. Date of Birth *22 of october*
4. Place of Birth (Street and Number) *Union ally*
5. Full Name of Mother *Solcanner Smith*
6. Mother's Maiden Name *Sol Anna Polston*
7. Mother's Birthplace *Port passed*
8. Full Name of Father *Fred Smith*
9. Father's Occupation *Dray man*
10. Father's Birthplace *Baltimore*
Name of Medical Attendant, or other Person who makes this Return. *Harriet Britton*
Address *Miss wife*
Remarks *No 145 North Eden st*

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21400



To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *one child one mother*
1. Sex (state whether Male or Female) *female child*
2. Race or Color (if not of the white race) *Colored race*
3. Date of Birth *Oct the 22 1877*
4. Place of Birth (Street and Number) *Marbleton St 19*
5. Full Name of Mother *Sarah Morton*
6. Mother's Maiden Name *Sarah Standley*
7. Mother's Birthplace *Dorchester County md*
8. Full Name of Father *Richard Morton*
9. Father's Occupation *Cyistler Shurker*
10. Father's Birthplace *Dorchester County md*
- Name of Medical Attendant, or other Person who makes this Return. *Lutinda Woolford*
- Address *Regester St 130 Baltimore md*
- Remarks

any person, except a midwife, or other person authorized, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..... *2*
1. Sex (state whether Male or Female)..... *Male*
2. Race or Color (if not of the white race)..... *White*
3. Date of Birth..... *22 October*
4. Place of Birth (Street and Number)..... *47 Gandy Street*
5. Full Name of Mother..... *Lizzie Bonacker*
6. Mother's Maiden Name..... *Allen*
7. Mother's Birthplace..... *Germany*
8. Full Name of Father..... *Philip Bonacker*
9. Father's Occupation..... *Shoemaker*
10. Father's Birthplace..... *Germany*
- Name of Medical Attendant, or other Person who makes this return..... *Officer Vinton*
- Address..... *47 Gandy Street*
- Remarks.....

That any physician, accoucheur, midwife, or other person in charge, who shall receive, receive, or
advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid,
within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children
born, its or their physical condition, whether still born or not, the full name, nativity, and residence
of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

First

Male

White

Oct 22nd 1877

5 Castle St (South)

Mary Elizabeth Meaders

Mc Cord

Baltimore

Chas. Rich^d Meads

Shipsmith's Helper

Baltimore

A. C. Stein, M.D.

195 N. Eolen St.

This return was delayed by being mislaid accidentally

advice at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21403

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Seventh*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Twenty Second Oct. 1877*
4. Place of Birth (Street and Number) *56 S Charles Street*
5. Full Name of Mother *Johanna Hanke*
6. Mother's Maiden Name *Johanna Gaudel*
7. Mother's Birthplace *Baltimore City*
8. Full Name of Father *Holp Hanke*
9. Father's Occupation *Tailor*
10. Father's Birthplace *Prussia, Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Strange*
- Address *Mrs. M. Strong*
- Remarks *No. 2. Linden hat Street*

to be filled out by physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) _____
1. Sex (state whether Male or Female) Female _____
2. Race or Color (if not of the white race) W^hite _____
3. Date of Birth Oct 22/77 _____
4. Place of Birth (Street and Number) 440 N. Lombard St. _____
5. Full Name of Mother Hate V. Gray _____
6. Mother's Maiden Name Hate V. Mills _____
7. Mother's Birthplace Baltimore Md _____
8. Full Name of Father Adolphus C Gray _____
9. Father's Occupation Musician _____
10. Father's Birthplace Frederick Md. _____
- Name of Medical Attendant, or other Person who makes this Return. _____
- Address _____
- Remarks Dr. J. S. [unclear]
375 N. Lombard St.

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) _____
3. Date of Birth 22 Oct 1877
4. Place of Birth (Street and Number) 121 1/2 High St.
5. Full Name of Mother Friedrich Eikenberg
6. Mother's Maiden Name Greiner
7. Mother's Birthplace Germany
8. Full Name of Father Charles E. Eikenberg
9. Father's Occupation Cigar-maker
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Gertraud Miller
- Address 151 E Pratt St
- Remarks _____

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21406

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

October 23^d / 74.

4. Place of Birth (Street and Number)

Chesapeake st No 157

5. Full Name of Mother

Eliza Eisenberg

6. Mother's Maiden Name

" Enter

7. Mother's Birthplace

Germany

8. Full Name of Father

John Eisenberg

9. Father's Occupation

Cooper

10. Father's Birthplace

Bath

Name of Medical Attendant, or other Person who makes this Return.

John Anna Schutte

Address

Midwife

Remarks

320 Alice Anna st

Any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21407

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Oct 23rd 1877*

4. Place of Birth (Street and Number) *147 1st St*

5. Full Name of Mother *Sarah J. Davis*

6. Mother's Maiden Name *Sarah J. Davis*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *Franklin W. Davis*

9. Father's Occupation *Engineer*

10. Father's Birthplace *Edgely, Co. Mo.*

Name of Medical Attendant, or other Person who makes this return *Theodore Coates M.D.*

Address

Remarks

Every physician, accoucheur, midwife, or other person who may be present at the birth of any child within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21408

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Female 7th*

1. Sex (state whether ~~Male~~ or Female)

2. Race or Color (if not of the white race) *White*

3. Date of Birth. *Oct 23d 1877*

4. Place of Birth (Street and Number) *no 126 N Eyster*

5. Full Name of Mother *Virginia Pike*

6. Mother's Maiden Name *Virginia Jacobson*

7. Mother's Birthplace

8. Full Name of Father *Abraham Pike*

9. Father's Occupation *Merchant*

10. Father's Birthplace *Richmond Virginia*

Name of Medical Attendant, or other Person who makes this Return.

E. C. Baldwin M. D.

Address *N Eyster 124*

Remarks

advise at the birth of any child within the City of Baltimore, and report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21409

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Second

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race):

White

3. Date of Birth

Oct. 23rd 1877

4. Place of Birth (Street and Number)

N. E. Cor. Penna. Ave. & Madison St.

5. Full Name of Mother

Fanny C. Bridges

6. Mother's Maiden Name

Jones

7. Mother's Birthplace

Virginia

8. Full Name of Father

Chas. R. Bridges

9. Father's Occupation

Conductor B. & O. R. R.

10. Father's Birthplace

Virginia

Name of Medical Attendant, or other Person who makes this Return.

W. Christianson M.D.

Address

431 Penna. Ave.

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21410



To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *fourth*
1. Sex (state whether Male or Female) *Boys*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *20. October*
4. Place of Birth (Street and Number) *29 Barnes St*
5. Full Name of Mother *Anna Klika*
6. Mother's Maiden Name *" " Klika*
7. Mother's Birthplace *Wartchow Bohemia*
8. Full Name of Father *Peter Klika*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Hovator*
- Name of Medical Attendant, or other Person who makes this Return. *J. Conrad*
- Address *No 20 Barnes St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21411

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7 d.
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth October 23 d. 1877
4. Place of Birth (Street and Number) 14 N. Anson St
5. Full Name of Mother Katharine Bieran
6. Mother's Maiden Name Katharine Pitz
7. Mother's Birthplace German
8. Full Name of Father Samuel Bieran
9. Father's Occupation Stror Lacher
10. Father's Birthplace German
- Name of Medical Attendant, or other Person who make this Return. Marie R. Euelige
- Address 134 N. Bond St
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *13th*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Oct 23rd*
4. Place of Birth (Street and Number) *No. 413 W. McHenry St.*
5. Full Name of Mother *Mary B. Tucker*
6. Mother's Maiden Name *Mary B. Watts*
7. Mother's Birthplace *Baltimore City*
8. Full Name of Father *John Tucker*
9. Father's Occupation *House Carpenter*
10. Father's Birthplace *Calverton, M.D.*
- Name of Medical Attendant, or other Person who makes this Return. *M. J. Gannon*
- Address *No. 413 W. McHenry St.*
- Remarks *Strong healthy baby for a twin*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21413

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c) *Eleventh*
 1. Sex (state whether Male or Female) *Female*
 2. Race or Color (if not of the white race) *White*
 3. Date of Birth *October the 22nd*
 4. Place of Birth (Street and Number) *412 W. McHenry st*
 5. Full Name of Mother *Mary R. Tucker*
 6. Mother's Maiden Name *Mary B. Wallis*
 7. Mother's Birthplace *Baltimore city*
 8. Full Name of Father *John Tucker*
 9. Father's Occupation *House Carpenter*
 10. Father's Birthplace *Calvert county Maryland*
 Name of Medical Attendant, or other Person who makes this Return. *M. J. Luman*
 Address *N. 433 W. McHenry st*
 Remarks *Strong baby for 3 weeks*

RETURN OF A BIRTH. 21414

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *the 4th*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *Calusa*
3. Date of Birth *Oct 23 1877*
4. Place of Birth (Street and Number) *No 50 N. Paris St*
5. Full Name of Mother *Martha Skins*
6. Mother's Maiden Name *Martha J. Skins*
7. Mother's Birthplace *Tellert Co. Scotland*
8. Full Name of Father *Charles Skins*
9. Father's Occupation *officer*
10. Father's Birthplace *Tellert Co. Md*
- Name of Medical Attendant, or other Person who makes this Return. *Charlotte W. Skins*
- Address *25 N. Paris St*
- Remarks *J. J. Skins*

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third
Male

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

October 23rd 1877

4. Place of Birth (Street and Number)

No. 185 Hollins St.

5. Full Name of Mother

Mary E. McCormick

6. Mother's Maiden Name

Mary E. Kennedy

7. Mother's Birthplace

Baltimore

8. Full Name of Father

John W. McCormick

9. Father's Occupation

Paper Hanger

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this return

Mrs. Jane Winneberger

Address

No. 23 N. Liberty St.

Remarks

any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar in person, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21416



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 23 October
4. Place of Birth (Street and Number) 51 President Street
5. Full Name of Mother Mary Smith
6. Mother's Maiden Name Green
7. Mother's Birthplace Germing
8. Full Name of Father John Smith
9. Father's Occupation Black
10. Father's Birthplace Germing
- Name of Medical Attendant, or other Person who makes this return Jeffie Simon
- Address 2070 Greenby Street
- Remarks

Every physician, midwife, or other person in charge, who shall attend, before or
advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid,
within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children
born, its or their physical condition, whether still born or not, the full name, nativity, and residence
of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- 27417*
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *The 23 day of the month*
4. Place of Birth (Street and Number) *416 Saratoga*
5. Full Name of Mother *Elizabeth Howard*
6. Mother's Maiden Name *Katharine Smith*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *William George Howard*
9. Father's Occupation *Lexington mdr.*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Alto D. Miller*
- Address *60 State St.*
- Remarks

That any physician, second-midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21418

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1 child*
1. Sex (state whether Male or Female) *male*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *Oct 28 1877*
4. Place of Birth (Street and Number) *118 west st*
5. Full Name of Mother *Rosa Rudolph*
6. Mother's Maiden Name *Rosa Pyle*
7. Mother's Birthplace *Baltimore md*
8. Full Name of Father *Wm. Pyle*
9. Father's Occupation *Plaster*
10. Father's Birthplace *Baltimore md*
Name of Medical Attendant, or other Person who makes this Return. *Lucy Sidney*
Address *No 1 Patapsco ave*
Remarks *Bethesda Hill & York st*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21419

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

male 7

1. Sex (state whether Male or Female)

male

2. Race or Color (if not of the white race)

3. Date of Birth

23^d Oct. 1877

4. Place of Birth (Street and Number)

10 Front St.

5. Full Name of Mother

Margaret Finnigan

6. Mother's Maiden Name

Gavrilis

7. Mother's Birthplace

M. S.

8. Full Name of Father

Michael Finnigan

9. Father's Occupation

Blacksmith

10. Father's Birthplace

Ireland

Name of Medical Attendant, or other Person who makes this return

Charles Casper

Address

520 Lombard

Remarks

Let any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21420

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) White
3. Date of Birth Tuesday October 23rd
4. Place of Birth (Street and Number) 1450 Cross Street
5. Full Name of Mother Mrs Kate Miller
6. Mother's Maiden Name Kate Miller
7. Mother's Birthplace Hamm castle Germany
8. Full Name of Father William Miller
9. Father's Occupation Box maker
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Dr. J. H. Sprague
- Address No 32 Linden St
- Remarks Dr. J. H. Sprague

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Feb 13 77
4. Place of Birth (Street and Number) Street 1000 N. 3rd
5. Full Name of Mother Henrietta
6. Mother's Maiden Name Henrietta
7. Mother's Birthplace Eastern Shore
8. Full Name of Father William
9. Father's Occupation Farmer
10. Father's Birthplace Eastern Shore
- Name of Medical Attendant, or other Person who makes this Return. Dr. C. C. Smith
- Address 1000 N. 3rd
- Remarks born at 12 o'clock this day 77

1. Any physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

214221

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6
1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) colored
3. Date of Birth oct 23/77
4. Place of Birth (Street and Number) 6 Carlton St
5. Full Name of Mother harriet goodwin
6. Mother's Maiden Name
7. Mother's Birthplace West river
8. Full Name of Father Andrew goodwin
9. Father's Occupation porter
10. Father's Birthplace Balto Md
- Name of Medical Attendant, or other Person who makes this Return charlotte proctor
- Address 10 Carlton St
- Remarks

1901
I, any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21422

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2^d
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth October 23rd 1877
4. Place of Birth (Street and Number) No 268 Near Alley
5. Full Name of Mother Maria Deek
6. Mother's Maiden Name Gess
7. Mother's Birthplace Baltimore
8. Full Name of Father George Deek
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this return Theresa Eigeldinger
- Address No 14 Union St
- Remarks

Any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, the state of their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

214211



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *Oct 24th 1877*
4. Place of Birth (Street and Number) *No 174 Madery alley*
5. Full Name of Mother *Mary Pierce*
6. Mother's Maiden Name *Fredrick*
7. Mother's Birthplace *City*
8. Full Name of Father *Benjamin Pierce*
9. Father's Occupation *Oyster shucker*
10. Father's Birthplace *City*
- Name of Medical Attendant, or other Person who makes this return *Mrs Elizabeth Buschman*
- Address *120 Bank St*
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female) *Male*
 2. Race or Color (if not of the white race) *Cosard*
 3. Date of Birth *24 Oct*
 4. Place of Birth (Street and Number) *No. 4 Williamson St*
 5. Full Name of Mother *Nancy Johnson*
 6. Mother's Maiden Name *Nancy Wesley*
 7. Mother's Birthplace *Balto City*
 8. Full Name of Father *Mathias Wesley*
 9. Father's Occupation *Oyster Shocker*
 10. Father's Birthplace *Balto City*
- Name of Medical Attendant, or other Person who makes this Return. *Margaret Shrigg*
- Address *No 2 Peach Alley*
- Remarks *Living*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (~~state whether Male or Female~~) _____
 2. Race or Color (~~if not of the white race~~) _____
 3. Date of Birth October 24th 1877
 4. Place of Birth (Street and Number) No 53 N Eden St Balto.
 5. Full Name of Mother Mary Bourne, (aged, 50 years)
 6. Mother's Maiden Name Mary Dykes.
 7. Mother's Birthplace England
 8. Full Name of Father Samuel Bourne
 9. Father's Occupation Heater
 10. Father's Birthplace England
- Name of Medical Attendant, or other Person who makes this Return. J. Ridgway Andre M.D.
- Address _____
- Remarks _____

that any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No 231.

RETURN OF A BIRTH.

21427

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th*
 1. Sex (state whether Male or Female) *Male*
 2. Race or Color (if not of the white race) *white*
 3. Date of Birth *Oct. 24. 1877*
 4. Place of Birth (Street and Number) *V. Registrar's No 61.*
 5. Full Name of Mother *Elizabeth Lauer*
 6. Mother's Maiden Name *Zimmermann*
 7. Mother's Birthplace *Charfellen Dorf Prussia*
 8. Full Name of Father *Johann Lauer*
 9. Father's Occupation *Talar*
 10. Father's Birthplace *Fulda Prussia*
 Name of Medical Attendant, or other Person who makes this return *Dr. Johann Praepack*
 Address *South Wall St. No 28*
 Remarks *M. Dimpfe*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

214218

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this return

Address

Remarks

2nd
Female
White
Oct 24th 1877
Hamburg
Belinda Mushaw
Belinda Turner
Dorchester, Ma
J. C. P. Mushaw
Engineer
Baltimore Md
Theodore C. C. M.D.

That any physician, nurse, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21429

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Oct 24th 1877*
4. Place of Birth (Street and Number) *113 Light St*
5. Full Name of Mother *Elvira Morris*
6. Mother's Maiden Name *Elvira Day*
7. Mother's Birthplace *Baltimore Co*
8. Full Name of Father *Mr. C. Morris*
9. Father's Occupation *Ship Joiner*
10. Father's Birthplace *Baltimore Md*
- Name of Medical Attendant, or other Person who makes this return *Theodore C. M.D.*
- Address
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21430

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race) colored

3. Date of Birth 24th October 1877

4. Place of Birth (Street and Number) No. 99 Dallas st

5. Full Name of Mother Catherine Fähler

6. Mother's Maiden Name Catherine Fahl.

7. Mother's Birthplace Baltimore

8. Full Name of Father Spencer Fähler

9. Father's Occupation Sailor

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address... 10181 N. Central Ave.

Remarks

Mary Ann Fähler

and any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21431

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th
Male
White

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

October 24th/77
Hoff st 22/44

4. Place of Birth (Street and Number)

5. Full Name of Mother

Charjut. Wessner
Pfeferman
Germ

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

George Wessner
Labourer
Germ

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Johanna Schutte
Midwife

Address

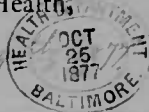
Remarks

320 Alice Anna st.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY. Oct. 24



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Oct. 24th, 1877

4. Place of Birth (Street and Number) 63 Wolfe St.

5. Full Name of Mother Katie Himmelhöfer.

6. Mother's Maiden Name Katie Eckhard

7. Mother's Birthplace Germany

8. Full Name of Father J. Himmelhöfer.

9. Father's Occupation Barber

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this return

Address Mrs. Mary Amend
No. 137 Wolfe St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether ~~1st~~, 2d, 3d, &c.)

- 3rd -

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

October 24th 1877

4. Place of Birth (Street and Number)

No 189 Jefferson st

5. Full Name of Mother

Elizabeth J. Cooper

6. Mother's Maiden Name

Elizabeth J. Jones

7. Mother's Birthplace

Baltimore City

8. Full Name of Father

David William Cooper

9. Father's Occupation

Clark

10. Father's Birthplace

Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

Thomas J. Edwards M.D.

Address

No 22 Chas St

Remarks

- City -

That any physician, accoucheur, midwife, or other person in charge, who shall attend upon a woman or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

6th
~~B~~ Male

White.

Wednesday, October 24th 1877

No 5758 West Pratt St.

Elizabeth Cratt

Elizabeth McPartey

Baltimore

George Cratt

Chester

Baltimore

Mrs. Cratt

10th Street

2729 1st Street
City

that any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

214-35

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Oct 26th*
4. Place of Birth (Street and Number) *Corner of Fulton and Montgomery St*
5. Full Name of Mother *Sarah Ridgeway*
6. Mother's Maiden Name *Sarah Pitt*
7. Mother's Birthplace *Baltimore City*
8. Full Name of Father *John Ridgeway*
9. Father's Occupation *Press Brick Molder*
10. Father's Birthplace *Philadelphia Penn*
- Name of Medical Attendant, or other Person who make this Return. *M. J. Leonard*
- Address *No 433 West m. Montgomery St*
- Remarks *A healthy strong child*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21436

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5*
1. Sex (state whether Male or Female) *male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *October 24. 1877*
4. Place of Birth (Street and Number) *75 Lancaster st*
5. Full Name of Mother *Mary Payn*
6. Mother's Maiden Name *Mary Paymaster*
7. Mother's Birthplace *England West*
8. Full Name of Father *James Payn*
9. Father's Occupation *mariner*
10. Father's Birthplace *West England*
- Name of Medical Attendant, or other Person who makes this Return. *Mary Conner 153 Chestnut st*
- Address
- Remarks

that any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race) white

3. Date of Birth 24. October 1877

4. Place of Birth (Street and Number) 180 Chester st

5. Full Name of Mother Annie M Byrne

6. Mother's Maiden Name Abnerie M Litzinger

7. Mother's Birthplace Toronto in Baltimore county

8. Full Name of Father Terence J Byrne

9. Father's Occupation Carpenter

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary corner 153 Choptank st

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

211438

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *6th child*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Oct. 24th 1877*
4. Place of Birth (Street and Number) *No. 113 N. Eden St.*
5. Full Name of Mother *Ellen Louisa Legg*
6. Mother's Maiden Name *Wright*
7. Mother's Birthplace *Baltimore Md.*
8. Full Name of Father *Thos. Monroe Legg*
9. Father's Occupation *Stone cutter*
10. Father's Birthplace *Annapolis Md.*
- Name of Medical Attendant, or other Person who makes this Return. *Francis A. Sauer M.D.*
- Address *105 N. Central Avenue*
- Remarks

I and my physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

214-39

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c)

2nd

1. Sex (state whether Male or Female)

Female,

2. Race or Color (if not of the white race)

3. Date of Birth

Oct. 24th 1877

4. Place of Birth (Street and Number)

40 Fairmount Ave.

5. Full Name of Mother

Caroline Gustavus

6. Mother's Maiden Name

" Aberla

7. Mother's Birthplace

Hittenburg, Prussia

8. Full Name of Father

Peter Gustavus

9. Father's Occupation

Shipping Broker

10. Father's Birthplace

Hamburg

Name of Medical Attendant, or other Person who makes this Return.

G. E. Runk M. D.

Address

Balt. & Wash. St.

Remarks

Normal,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21440

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) white

3. Date of Birth 24 Oct

4. Place of Birth (Street and Number) 298 Bond St

5. Full Name of Mother Robin Prote

6. Mother's Maiden Name Thompson

7. Mother's Birthplace Baltimore

8. Full Name of Father John J Prote

9. Father's Occupation Canner

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this return Assula J. Harrison

Address No 7 Farren Place

Remarks

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



Name of Mother (state whether 1st, 2d, 3d, &c.)

whether Male or Female)

Color (if not of the white race)

Birth

Birth (Street and Number)

Name of Mother

Maiden Name

Birthplace

Name of Father

Occupation

Birthplace

Medical Attendant, or other Person who makes this Return.

one

female

white

21 October

Baltimore fort ave 348

Frances Allen

Frances W. Lester

Maryland

John Thomas Allen

Painter

Baltimore

Elizabeth Hathorne

fort ave no 6.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. As to their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

214112



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Oct. 24th*
4. Place of Birth (Street and Number) *Cross St. No. 303.*
5. Full Name of Mother *Catherine Jackel*
6. Mother's Maiden Name *Roch*
7. Mother's Birthplace *Hessow - Denmark - West*
8. Full Name of Father *Harry George Jackel*
9. Father's Occupation *Shoemaker*
10. Father's Birthplace *Hessow - Denmark*
- Name of Medical Attendant, or other Person who makes this return *Harry K. K. K.*
- Address *328 S. Calver St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. He or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21443



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2nd.*
1. Sex (state whether Male or Female) *Female.*
2. Race or Color (if not of the white race) _____
3. Date of Birth *Wednesday Oct. 24th. 1877.*
4. Place of Birth (Street and Number) *128 Park Av.*
5. Full Name of Mother *Ida Virginia Lewis*
6. Mother's Maiden Name *Hodges*
7. Mother's Birthplace *Balto.*
8. Full Name of Father *Dr. George M. Lewis*
9. Father's Occupation *Physician*
10. Father's Birthplace *Balto.*
- Name of Medical Attendant, or other Person who make this Return. _____
- Address _____
- Remarks _____

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

214411



To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Oct. 24th*
4. Place of Birth (Street and Number) *147 Waller*
5. Full Name of Mother *Mary Martin*
6. Mother's Maiden Name *Quintance*
7. Mother's Birthplace *Balto.*
8. Full Name of Father *J. Id. Martin*
9. Father's Occupation *Picture Agent*
10. Father's Birthplace *Kochusen*
- Name of Medical Attendant, or other Person who makes this return *Mary Koch*
- Address *328 S. Calow*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21445



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) _____
3. Date of Birth 24 Oct. 1877
4. Place of Birth (Street and Number) 57 Lombard
5. Full Name of Mother Annie Seigel
6. Mother's Maiden Name B. Cohen
7. Mother's Birthplace N. Y.
8. Full Name of Father Joseph Seigel
9. Father's Occupation Bookbinder
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this return Sarah Karper
- Address 326 Lombard
- Remarks _____

Every physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21446

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) _____

3. Date of Birth 24 Oct 1877

4. Place of Birth (Street and Number) 11 S. Dallas St

5. Full Name of Mother Maria Dittel

6. Mother's Maiden Name Gröber

7. Mother's Birthplace Germany

8. Full Name of Father Konrad Dittel

9. Father's Occupation Laborer

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Gertrud Miller

Address 151 E Pratt St

Remarks _____

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21447

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *11th Child*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *Oct 24th 1877*
4. Place of Birth (Street and Number) *12-178 Hamburg st.*
5. Full Name of Mother *Margareth Wild*
6. Mother's Maiden Name *Hittie*
7. Mother's Birthplace *Germany.*
8. Full Name of Father *Conrad Wild*
9. Father's Occupation *Carpenter*
10. Father's Birthplace *Germany.*
- Name of Medical Attendant, or other Person who makes this return *J. Lobwasser M.D.*
- Address *213 Cross st.*
- Remarks

and any physician, accoucheur, midwife, or other person in charge, who shall be called upon to advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d.

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

24th October 1877

4. Place of Birth (Street and Number)

278 N. Howard St

5. Full Name of Mother

Emma Skiszon

6. Mother's Maiden Name

Emma Skiszon

7. Mother's Birthplace

Baltimore Md

8. Full Name of Father

John H. Skiszon

9. Father's Occupation

Frank & Confectionery Store

10. Father's Birthplace

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Mrs. L. Skiszon

Address

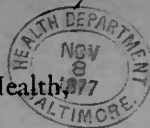
278 N. Howard St

Remarks

Let any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21449



To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Female

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

Oct 25th 1877

4. Place of Birth (Street and Number)

249 S. Broadway

5. Full Name of Mother

Elizabeth

6. Mother's Maiden Name

Odenzack

7. Mother's Birthplace

Germany

8. Full Name of Father

Casper Lang

9. Father's Occupation

Shoemaker

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this return

Mrs. Elizabeth Buschmann

Address

124 Bank St.

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21450

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) Colored
3. Date of Birth October 25 1897
4. Place of Birth (Street and Number) 21 Tissier Street
5. Full Name of Mother Maggie Maynard
6. Mother's Maiden Name Maggie Johnson
7. Mother's Birthplace Calvert County
8. Full Name of Father Bengeman Maynard
9. Father's Occupation Codfishman
10. Father's Birthplace Calvert County
- Name of Medical Attendant, or other Person who makes this Return. Hester Bordley Doctress
- Address 85 Orchard Street
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. 232.

RETURN OF A BIRTH.

21451

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th

1. Sex (state whether Male or Female)

female

2. Race or Color (if not of the white race)

white

3. Date of Birth

Oct. 25. 1877

4. Place of Birth (Street and Number)

S. Duhamel St. No

5. Full Name of Mother

Anna Herzog

6. Mother's Maiden Name

Harker

7. Mother's Birthplace

Helsbach Prussia

8. Full Name of Father

Johann Herzog

9. Father's Occupation

Worftmacher

10. Father's Birthplace

Leizendorf Prussia

Name of Medical Attendant, or other Person who makes this return

Wm. J. C. DuLany, M.D.

Address

South Wolfe St. No 28

Remarks

Wm. J. C. DuLany

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

214531

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *8*
1. Sex (state whether Male or Female) *girl*
2. Race or Color (if not of the white race) *col.*
3. Date of Birth *25 Oct*
4. Place of Birth (Street and Number) *43 Leaden Hall St -*
5. Full Name of Mother *Stellar Hammond*
6. Mother's Maiden Name *Pipes*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Charles Hammond*
9. Father's Occupation *Selling Rags &c*
10. Father's Birthplace *A. A. Co.*
- Name of Medical Attendant, or other Person who makes this Return. *Wiley Groves*
- Address *181 York St -*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21453



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) _____
3. Date of Birth Oct 25th 1877
4. Place of Birth (Street and Number) 10 25 111 Bank Str
5. Full Name of Mother Catherina Becker
6. Mother's Maiden Name Friedrich
7. Mother's Birthplace Germany
8. Full Name of Father Conrad Becker
9. Father's Occupation Huscher
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this return Mrs. Elizabeth Buschman
- Address 120 Bank Str
- Remarks _____

RETURN OF A BIRTH. 24454

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First Mary I.*

1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *October 25th 1877*
4. Place of Birth (Street and Number) *130 Harlem Avenue*
5. Full Name of Mother *Margaret Jane Gambrell*
6. Mother's Maiden Name *Margaret Jane Smith*
7. Mother's Birthplace *Elagerstown Md*
8. Full Name of Father *George Thomas Gambrell*
9. Father's Occupation *Commission Merchant*
10. Father's Birthplace *Howard County*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Jos. Lloyd Martin M.D.
No. 38 Mount Vernon Place

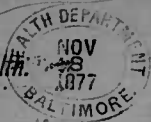
within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

21453



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *five*

1. Sex (state whether ~~Male~~ or Female)

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Oct 30th 1877*

4. Place of Birth (Street and Number) *424 North Eder*

5. Full Name of Mother *Mary Elizabeth Sinclair*

6. Mother's Maiden Name *" Smith*

7. Mother's Birthplace *Baltimore Md*

8. Full Name of Father *William Fletcher Sinclair*

9. Father's Occupation *Bookkeeper*

10. Father's Birthplace *Baltimore Md*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Geo W Watson
18 Disquith St.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar in person, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21456

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



11
No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3
1. Sex (state whether Male or Female) M.
2. Race or Color (if not of the white race) W.
3. Date of Birth Oct. 25.
4. Place of Birth (Street and Number) 104 Emory St.
5. Full Name of Mother Maria D.
6. Mother's Maiden Name Quigley
7. Mother's Birthplace City
8. Full Name of Father Frank Deppish
9. Father's Occupation Wood Worker
10. Father's Birthplace City
Name of Medical Attendant, or other Person who makes this Return. A. T. Reynolds M.D.
Address 186 Beignish St.
Remarks

I am any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21457



To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *fourth*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *28 October*
4. Place of Birth (Street and Number) *14 Barnes St*
5. Full Name of Mother *Anna Kiligan*
6. Mother's Maiden Name *Alaska*
7. Mother's Birthplace *Korarov Bohemia*
8. Full Name of Father *Josef Kiligan*
9. Father's Occupation *Schneidermeister*
10. Father's Birthplace *Brezan Bohemia*
- Name of Medical Attendant, or other Person who makes this Return. *J. Conner*
- Address *20 Barnes St.*
- Remarks

I, the undersigned, physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8th

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Oct. 25th 1877

4. Place of Birth (Street and Number)

91 Re Caroline

5. Full Name of Mother

Augusta Marquith

6. Mother's Maiden Name

" Leonard

7. Mother's Birthplace

Bald. city

8. Full Name of Father

John Marquith

9. Father's Occupation

Machinist

10. Father's Birthplace

Bald. city

Name of Medical Attendant, or other Person who makes this Return.

R. W. Mansfield M. D.

Address

117 S. Broadway

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21459

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth October 25th 1877
4. Place of Birth (Street and Number) 26 Emsor St
5. Full Name of Mother Alita Arents
6. Mother's Maiden Name M. Littmann
7. Mother's Birthplace Germane
8. Full Name of Father Arent Arents
9. Father's Occupation Tailor
10. Father's Birthplace Germane
- Name of Medical Attendant, or other Person who makes this Return. Marie R. Rudiger
- Address 134 S. Bond St
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21460

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth Oct 28. 77
4. Place of Birth (Street and Number) 110 W. Biddle
5. Full Name of Mother Mary Jane Wilson
6. Mother's Maiden Name " Shaffer
7. Mother's Birthplace Penna
8. Full Name of Father James Matthew Wilson
9. Father's Occupation Moulder
10. Father's Birthplace Mo
- Name of Medical Attendant, or other Person who makes this Return. Ch Lane Taneyhill
- Address 129 W Biddle St
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21461



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5^{tes} Kind*
1. Sex (state whether Male or Female) *Sub*
2. Race or Color (if not of the white race) *Weiß*
3. Date of Birth *geboren den 25^{ten} October*
4. Place of Birth (Street and Number) *N^o 39 Bank Str*
5. Full Name of Mother *Mari Klein*
6. Mother's Maiden Name *Mari Klein*
7. Mother's Birthplace *Rusehpolen*
8. Full Name of Father *David Klein*
9. Father's Occupation *Bedler*
10. Father's Birthplace *Rusehpolen*
- Name of Medical Attendant, or other Person who makes this return *Friederike Kaufmann*
- Address *N^o 178 Corner of Dallas und Eastern Str*
- Remarks *Hemme*

RETURN OF A BIRTH.

21462

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c)

Third
Female

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

Oct. 25th

4. Place of Birth (Street and Number)

Old no. 12 S. Fulton St.

5. Full Name of Mother

Ellen J. Hahey

6. Mother's Maiden Name

Ellen J. Hahey

7. Mother's Birthplace

Ireland

8. Full Name of Father

Patrick J. Hahey

9. Father's Occupation

Teamster

10. Father's Birthplace

Ireland

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Anderson

Address

16 S. Fulton St.

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21463

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Oct 25th*
4. Place of Birth (Street and Number) *163 W. Lombard St. (Maternity)*
5. Full Name of Mother *Kate Harwood*
6. Mother's Maiden Name *Smith*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Geo. Harwood*
9. Father's Occupation *Blacksmith*
10. Father's Birthplace *Unknown*
- Name of Medical Attendant, or other Person who makes this Return. *A. W. Lombel*
- Address *163 W. Lombard St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21464



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8
1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) —
3. Date of Birth 35th Oct. 1877
4. Place of Birth (Street and Number) — Canal
5. Full Name of Mother Mary W. Mahan
6. Mother's Maiden Name J. Conn
7. Mother's Birthplace Ireland
8. Full Name of Father Michael W. Mahan
9. Father's Occupation Sealorer
10. Father's Birthplace Ireland
- Name of Medical Attendant, or other Person who makes this return Sarah Carpenter
- Address 326. Lombard
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21465



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) _____
3. Date of Birth 25 Oct 1877
4. Place of Birth (Street and Number) 123 High
5. Full Name of Mother Pauline Maasberg
6. Mother's Maiden Name Fisher
7. Mother's Birthplace Germany
8. Full Name of Father August Maasberg
9. Father's Occupation Tailor
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this return Charles Casper
- Address 525 Lombard
- Remarks _____

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *25 Oct 1877*
4. Place of Birth (Street and Number) *18 Chestnut*
5. Full Name of Mother *Mary Beecher*
6. Mother's Maiden Name *J. Garcy*
7. Mother's Birthplace *N. S.*
8. Full Name of Father *Benjamin Beecher*
9. Father's Occupation *Ship chandler*
10. Father's Birthplace *N. S.*
- Name of Medical Attendant, or other Person who makes this return *Isabel Casper*
- Address *322 Lombard*
- Remarks

That any physician, acoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9th Child " " "
Female

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. *Date of Birth*

Oct 25th 1877

4. *Place of Birth (Street and Number)*

No. 136 Hamburg St.

5. *Full Name of Mother*

Guthrie, Geisel

6. *Mother's Maiden Name*

Bergheimer

7. Mother's Birthplace

America

8. *Full Name of Father*

John Reisel

9. *Father's Occupation*

Teacher

10. *Father's Birthplace*

Germany

Name of Medical Attendant, or other Person who makes this return

J. Schwaeser midwife
213 Cross st.

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 21468

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd
 1. Sex (state whether Male or Female) Female
 2. Race or Color (if not of the white race) White
 3. Date of Birth Oct 28 1881
 4. Place of Birth (Street and Number) Green Street
 5. Full Name of Mother Maria Johnson
 6. Mother's Maiden Name Johnson
 7. Mother's Birthplace Baltimore Co. Md.
 8. Full Name of Father John
 9. Father's Occupation Waiter
 10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. C. B. ...
- Address 108 Cathedral
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4^d*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *October 25 1877*
4. Place of Birth (Street and Number) *No 20 Greene Street*
5. Full Name of Mother *Wilhelmina Rauck*
6. Mother's Maiden Name *" " Heunemann*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Ludwig Rauck*
9. Father's Occupation *Saddler Sattler*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this return *Theresia Eggeldinger*
- Address *No 14 Union Street*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21470

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

October 21st 1877

C. Baltimore 3rd Ave Spring

Elizabeth Clifford

Elizabeth Knipe

Baltimore Maryland

James H Clifford

Blacksmithing

Baltimore Maryland

A. H. Hargway, M.D.

121 E. Baltimore St

General Enlargement & Prostration of wife previous to birth - but a large force of apparently a healthy child duration of labour about 4 hours. Natural.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21471

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2^d*

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

October 26th 1877

4. Place of Birth (Street and Number)

249 West Street

5. Full Name of Mother

Margaretha Schulz

6. Mother's Maiden Name

" " Kleinlein

7. Mother's Birthplace

Baltimore

8. Full Name of Father

John Schulz

9. Father's Occupation

Laborer

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this return

Catherine Küssgen

Address

74 Leaden hall Street

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) colored
3. Date of Birth October 26 1877
4. Place of Birth (Street and Number) 69 Orchard street
5. Full Name of Mother Annie Tilghman
6. Mother's Maiden Name Annie Adams
7. Mother's Birthplace Baltimore city
8. Full Name of Father Thomas Tilghman
9. Father's Occupation Drayman
10. Father's Birthplace Baltimore city
- Name of Medical Attendant, or other Person who makes this Return. Hester Bordley Doctress
- Address 85 Orchard street
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

21473
JAN 2 1878
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Second

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Oct. 26, 1877

4. Place of Birth (Street and Number)

176 W. Pratt

5. Full Name of Mother

Amanda Cox

6. Mother's Maiden Name

King

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Wm. Henry Cox

9. Father's Occupation

Engineer

10. Father's Birthplace

Virginia

Name of Medical Attendant, or other Person who makes this Return.

John Hood, M.D.

Address

2 N. Carey St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

1st
Male
White
Oct 26th
97 E Madison St
Mollie E Clayton
Mollie E Williamson
Baltimore
Wm E Clayton
Bk. Bookkeeper
Baltimore
Wm Whitridge M.D.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth October 26th
4. Place of Birth (Street and Number) No 875 Pratt St
5. Full Name of Mother Maria Vager
6. Mother's Maiden Name Maria Rainerd
7. Mother's Birthplace Germany
8. Full Name of Father Henri Vager
9. Father's Occupation Cigar maker
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return Mr. E Sinclair
- Address No 59 Fredt St
- Remarks _____

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

44
Female.

White

26th of Oct 1877.

Baltimore, Co.

Mary J. Battz

Mary J. Gehr

Baltimore City

William Battz

Butcher

Baltimore City

Mary Waller

125 N. Caroline St.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21477

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 26th Oct. 77
4. Place of Birth (Street and Number) 231 Lehigh St. Lee. Md.
5. Full Name of Mother Eugene Beufhausen
6. Mother's Maiden Name Eugene Beufhausen
7. Mother's Birthplace Minden Germany
8. Full Name of Father Fred. Beufhausen
9. Father's Occupation Clerk
10. Father's Birthplace Osmauer Germany
- Name of Medical Attendant, or other Person who makes this Return. P. A. Sheppard M.D.
- Address 120 Pearl St. Baltimore
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21478



To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) Colored

3. Date of Birth 26 Oct

4. Place of Birth (Street and Number) 45 Spring St

5. Full Name of Mother Mary E Plummer

6. Mother's Maiden Name Johnson

7. Mother's Birthplace Baltimore

8. Full Name of Father John W Plummer

9. Father's Occupation Food Carrier

10. Father's Birthplace Washington D C

Name of Medical Attendant, or other Person who makes this return Annula T Chapman

Address No 1 Forrest Place

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21479



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th child

1. Sex (state whether Male or Female)

Boy of Child

2. Race or Color (if not of the white race)

White

3. Date of Birth

26th of October 1877

4. Place of Birth (Street and Number)

25 W. Register st

5. Full Name of Mother

Kate Grachi

6. Mother's Maiden Name

Kate Roman

7. Mother's Birthplace

Ireland

8. Full Name of Father

John Roman

9. Father's Occupation

Officer

10. Father's Birthplace

Ireland

Name of Medical Attendant, or other Person who makes this return

Arrestia Kunkel

Address

121 W. 1st St. Baltimore

Remarks

Healthy

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Child.

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Oct. 26th 1877

4. Place of Birth (Street and Number)

332 N. Eden St.

5. Full Name of Mother

Mary E. Wilcox

6. Mother's Maiden Name

Mary E. Quincey

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Chas. E. Wilcox

9. Father's Occupation

Lawyer

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

J. D. Powell M.D.
224 Calver Ave.

Address

Remarks

Child - Premature but apparently healthy.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

10
Male

26 OCT.

134 Linden Ave.

Margaret Trainie

Meisel

Germany

Charles Trainie

Produce Dealer

Germany

Annie Lindner

No 75 Franklin St.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

211482

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Fifth Fifth. (5th)*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Twenty Sixth (26th) day of October 1877*
4. Place of Birth (Street and Number) *No 55 N. York St*
5. Full Name of Mother *Isabella Hamelin*
6. Mother's Maiden Name *Isabella Pink*
7. Mother's Birthplace *Baltimore Maryland*
8. Full Name of Father *Theodore Hamelin*
9. Father's Occupation *Seaman*
10. Father's Birthplace *Baltimore Maryland*
- Name of Medical Attendant, or other Person who makes this Return. *Henry P. P. Yeates M.D.*
- Address *No 138 N. York St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21483

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *27th Oct 1877*
4. Place of Birth (Street and Number) *29 Elliott St.*
5. Full Name of Mother *Mellie Jane Jefferson*
6. Mother's Maiden Name *Clark*
7. Mother's Birthplace *Maine*
8. Full Name of Father *William Allen Jefferson*
9. Father's Occupation *Engineer*
10. Father's Birthplace *Baltimore Md.*
- Name of Medical Attendant, or other Person who makes this Return. *C. J. Williams M.D.*
- Address *217 Calverton St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Oct 27th*

4. Place of Birth (Street and Number) *No 213 Green St*

5. Full Name of Mother *Mary Jones*

6. Mother's Maiden Name *Mary Bowman*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *George Jones*

9. Father's Occupation *Black*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this return

Address

Remarks

Elizabeth Cook (Midwife)
Berry's Court

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

40237

RETURN OF A BIRTH.

21483



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

female
white

2. Race or Color (if not of the white race)

3. Date of Birth

Oct. 27. 1877

4. Place of Birth (Street and Number)

W. Wolfst. No 38.

5. Full Name of Mother

Dorthea Sellmann

6. Mother's Maiden Name

Lampert

7. Mother's Birthplace

Piedfeld Prussia

8. Full Name of Father

Wilhelm Sellmann

9. Father's Occupation

Schuhmacher

10. Father's Birthplace

Piedfeld Prussia

Name of Medical Attendant, or other Person who makes this return

W. Schuman, Maryland

Address

North Wolfst. No 28

Remarks

W. Schuman

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No 233.

RETURN OF A BIRTH.

211486

To the Office of Registrar of Vital Statistics, Board of
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

Female
Births to.

2. Race or Color (if not of the white race)

3. Date of Birth

Oct. 27. 1877

4. Place of Birth (Street and Number)

Dunken Keller

5. Full Name of Mother

Julia Libert

6. Mother's Maiden Name

Kamprecht

7. Mother's Birthplace

Potsdam, Prussia

8. Full Name of Father

Carl Libert

9. Father's Occupation

Deutscher

10. Father's Birthplace

Potsdam, Prussia

Name of Medical Attendant, or other Person who makes this return

Mrs. Johanna Kamprecht

Address

South Wolfe St. No 25

Remarks

W. Europe

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21487

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third
1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) White
3. Date of Birth 27th
4. Place of Birth (Street and Number) Biddle st No 74
5. Full Name of Mother Fannie Kinsman
6. Mother's Maiden Name Thompson
7. Mother's Birthplace Ireland
8. Full Name of Father Andrew Kinsman
9. Father's Occupation Shoemaker
10. Father's Birthplace Ireland
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Gray
- Address _____
- Remarks _____

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

21488

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Oct. 27th '77
4. Place of Birth (Street and Number) No. 135 Camden St
5. Full Name of Mother Blusia McCaffrey
6. Mother's Maiden Name Blusia Layden
7. Mother's Birthplace Ireland
8. Full Name of Father Thomas McCaffrey
9. Father's Occupation Furniture Dealer
10. Father's Birthplace Ireland
Name of Medical Attendant, or other Person who makes this Return. A. H. Saffron, M.D.
Address 523 Lexington St
Remarks Instrumental Delivery

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21489

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

Colored

3. Date of Birth

Octo. 27th 1877

4. Place of Birth (Street and Number)

131 Chestnut al

5. Full Name of Mother

Georgiana Brown
Boothe

6. Mother's Maiden Name

7. Mother's Birthplace

Maryland

8. Full Name of Father

Joseph Brown

9. Father's Occupation

Driver

10. Father's Birthplace

Maryland

Name of ~~Medical Attendant~~ or other Person who makes this Return.

R. C. Lee, M.D.

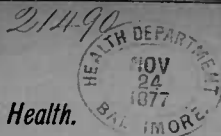
Address

Harmon & Barr Sts

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.



To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth October 27 1877
4. Place of Birth (Street and Number) Balt. No 43 Oxford St.
5. Full Name of Mother Millie Thomas
6. Mother's Maiden Name Dutton
7. Mother's Birthplace Carl to old
8. Full Name of Father John Thomas
9. Father's Occupation Packer
10. Father's Birthplace Carl to and
- Name of Medical Attendant, or other Person who makes this Return. _____
- Address _____
- Remarks _____

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Baltimore No. 48 Tarkin st

4. Place of Birth (Street and Number)

Oct. 27th 1877

Baltimore

5. Full Name of Mother

Elizabeth Smoot

6. Mother's Maiden Name

Elizabeth Tate

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Miriam Smoot

9. Father's Occupation

Laborer

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Jane Mercer

Address

136

McHenry St

Baltimore

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born; its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21492

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *forth*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *27 Oct.*
4. Place of Birth (Street and Number) *N. 221 Bond St.*
5. Full Name of Mother *Katharina Petz*
6. Mother's Maiden Name *" Hauman*
7. Mother's Birthplace *Balto.*
8. Full Name of Father *John Petz*
9. Father's Occupation *Photographer*
10. Father's Birthplace *Balto.*
- Name of Medical Attendant, or other Person who makes this Return. *J Conrad*
- Address *20 Barnes St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

211493

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth October 27th 1877

4. Place of Birth (Street and Number) 328 W. Broadway,

5. Full Name of Mother Lotta Antonia Bantz,

6. Mother's Maiden Name Lind,

7. Mother's Birthplace Germany

8. Full Name of Father Charles Philip Bantz,

9. Father's Occupation Clerk

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this return John Morris M.D.

Address No. 5, Franklin St. Baltimore

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

214914

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... *3rd birth*
1. Sex (state whether Male or Female).... *Boys*
2. Race or Color (if not of the white race).... *27. Sept*
3. Date of Birth.... *32 Barnes St*
4. Place of Birth (Street and Number).... *" " " "*
5. Full Name of Mother.... *Katharine Liniek*
6. Mother's Maiden Name.... *" " Rader*
7. Mother's Birthplace.... *Domanisel Bohemia*
8. Full Name of Father.... *John Liniek*
9. Father's Occupation.... *Tailor*
10. Father's Birthplace.... *Hajek Bohemia*
- Name of Medical Attendant, or other Person who makes this Return.... *J. Conrad*
- Address.... *20 Barnes St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21495

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6
1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) colored
3. Date of Birth octo 27
4. Place of Birth (Street and Number) 70 short
5. Full Name of Mother Mary Jane Esmeys
6. Mother's Maiden Name Mary Jane Wilson
7. Mother's Birthplace Prattville
8. Full Name of Father Thomas Esmeys
9. Father's Occupation cook
10. Father's Birthplace Trinidad Cuba
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Leas Johnson
- Address no 32 short st
- Remarks very delicate child

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Kind*
1. Sex (state whether Male or Female) *Mädchen*
2. Race or Color (if not of the white race) *Weiß*
3. Date of Birth *geboren den 24ten October*
4. Place of Birth (Street and Number) *Nr. 284 South Bond Street*
5. Full Name of Mother *Mari Meier*
6. Mother's Maiden Name *Mari Lutz*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Wilhelm Meier*
9. Father's Occupation *Händlerboiter*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this return *Friederike Hausmann*
- Address *Nr. 178 Corner of Tullus and Eastern Ave*
- Remarks *Hemorrh.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21497



To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2 child*
1. Sex (state whether Male or Female) *male*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *October 27 1877*
4. Place of Birth (Street and Number) *124 Seaside St*
5. Full Name of Mother *Harrett Jane Lewis*
6. Mother's Maiden Name *Harrett Kelly*
7. Mother's Birthplace *Baltimore Md*
8. Full Name of Father *John Lewis*
9. Father's Occupation *harness maker*
10. Father's Birthplace *Baltimore city*
- Name of Medical Attendant, or other Person who makes this Return. *Rachel Ann Garrett*
- Address *433 Alice Anna St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6 children*
 1. Sex (state whether Male or Female) *Girl*
 2. Race or Color (if not of the white race) *White*
 3. Date of Birth *27th of October 1881*
 4. Place of Birth (Street and Number) *St North Chappel st*
 5. Full Name of Mother *Kat. Reiter*
 6. Mother's Maiden Name *Rock Wagner*
 7. Mother's Birthplace *Baltimore*
 8. Full Name of Father *Alber Wagner*
 9. Father's Occupation *Sailor*
 10. Father's Birthplace *Germany*
 Name of Medical Attendant, or other Person who makes this return *Arrestian Knapp*
 Address *11 St North Chappel st*
 Remarks *Healthy*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race)

3. Date of Birth *Born Oct 27 1877*

4. Place of Birth (Street and Number) *300 Hamburg St*

5. Full Name of Mother *Marie Jones*

6. Mother's Maiden Name *Marie Williams*

7. Mother's Birthplace *Born at Maryland*

8. Full Name of Father *James H. Jones*

9. Father's Occupation *Oyster Shucker and Buck maker*

10. Father's Birthplace *Born in Maryland*

Name of Medical Attendant, or other Person who makes this Return. *Minia General Grannie*

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar forthwith, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

~~LIVEN NAME ADDED~~ 11-8-54
To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Name: *Mary Margaret*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *the 346*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *white*

3. Date of Birth *born on the 27th of Dec. 1877*

4. Place of Birth (Street and Number) *corner of Frederick Av. and Liberty St.*

5. Full Name of Mother *Mena Baster*

6. Mother's Maiden Name *Smoller*

7. Mother's Birthplace *City of Balto.*

8. Full Name of Father *Frederick Baster*

9. Father's Occupation *Lead Manufacturer*

10. Father's Birthplace *German*

Name of Medical Attendant, or other Person who makes this Return. *Lizzie Miller*

Address *N^o 57 Smalross St.*

Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *3d*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Oct 27th 1877*
4. Place of Birth (Street and Number) *N. Higher no 17*
5. Full Name of Mother *Mary Florence Baird*
6. Mother's Maiden Name *Mary Florence Leabo*
7. Mother's Birthplace *Missouri*
8. Full Name of Father *Cornelius E. Baird*
9. Father's Occupation *Lawyer*
10. Father's Birthplace *Baltimore Co Maryland*
- Name of Medical Attendant, or other Person who makes this Return. *E. C. Baldwin M. D.*
- Address *124 N. Eyster St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21509



To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd Child

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

3. Date of Birth

Oct 27th 1877

4. Place of Birth (Street and Number)

No 298 Hanover st.

5. Full Name of Mother

Rosa Goldschmidt

6. Mother's Maiden Name

Gudmann

7. Mother's Birthplace

Germany.

8. Full Name of Father

Jacob Goldschmidt

9. Father's Occupation

Butcher

10. Father's Birthplace

Germany.

Name of Medical Attendant, or other Person who makes this return

J. Loehmann midwife

Address

213 Cross st.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21503

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd Child*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *Oct 27 1877*
4. Place of Birth (Street and Number) *No 336 Hanover st*
5. Full Name of Mother *Anna Wainer*
6. Mother's Maiden Name *Dick*
7. Mother's Birthplace *America*
8. Full Name of Father *John Wainer*
9. Father's Occupation *Plumber*
10. Father's Birthplace *America*
- Name of Medical Attendant, or other Person who makes this return *J. Schwarsor midwife*
- Address *213 Cross st.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21504

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2. d.*
1. Sex (state whether Male or Female) *Male.*
2. Race or Color (if not of the white race)
3. Date of Birth *October 27th 1877.*
4. Place of Birth (Street and Number) *Margold Street No. 2.*
5. Full Name of Mother *Ellen Schaumbuffer*
6. Mother's Maiden Name *Ellen Smith*
7. Mother's Birthplace *York, Pa.*
8. Full Name of Father *George Schaumbuffer*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Baltimore County, Md.*
- Name of Medical Attendant, or other Person who makes this return *Dorothea Brune*
- Address *114 Battery St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21504 1/2

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) one child one mother
1. Sex (state whether Male or Female) female child
2. Race or Color (if not of the white race) Colored race
3. Date of Birth Oct the 27-1877
4. Place of Birth (Street and Number) 260 one donogh st Baltimore md
5. Full Name of Mother _____
6. Mother's Maiden Name Mary Johnson
7. Mother's Birthplace Dorchester County Md
8. Full Name of Father _____
9. Father's Occupation _____
10. Father's Birthplace _____
- Name of Medical Attendant, or other Person who makes this Return. Lucinda Woolford
- Address Register St 130 Baltimore Md
- Remarks _____

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21505-



To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. Oct 30th 1877

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Oct 27th 1877*
4. Place of Birth (Street and Number) *233 Gough St.*
5. Full Name of Mother *Estie Goetz*
6. Mother's Maiden Name *Estie Damm*
7. Mother's Birthplace *American*
8. Full Name of Father *Francis Goetz*
9. Father's Occupation *Tailor*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this return *Mrs. Mary Damm*
- Address *N. 137 Wolfe St.*
- Remarks *4*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21506

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3
1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) collard
3. Date of Birth oct 27/77
4. Place of Birth (Street and Number) Vincent alky
5. Full Name of Mother claria mathews
6. Mother's Maiden Name claria beare
7. Mother's Birthplace col. co.
8. Full Name of Father john mathews
9. Father's Occupation Laborer
10. Father's Birthplace Balto co md
- Name of Medical Attendant, or other Person who makes this Return. Charlotte proctor
- Address 10 Carlton Lt
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this return

Address

Remarks

Fourth
Female
White
Oct 27 1877
50 Sturges St
Anna Las Kern
Anna Puller
Germany
Joseph Las Kern
Painter
Bacon
Mr Mary E James
203 Washington St
H.B.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3^d
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Oct. 28th
4. Place of Birth (Street and Number) 54 Howard St.
5. Full Name of Mother Christina Robinson
6. Mother's Maiden Name Mrs.
7. Mother's Birthplace West minister
8. Full Name of Father Henry Robinson
9. Father's Occupation Merchant Taylor
10. Father's Birthplace Westphalia
- Name of Medical Attendant, or other Person who makes this return Henry Robinson
- Address 228 S. Baltimore
- Remarks

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21509

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) Colored
3. Date of Birth October 28 1877
4. Place of Birth (Street and Number) Johns Alley
5. Full Name of Mother Sophia Bacon
6. Mother's Maiden Name Sophia Garrett
7. Mother's Birthplace Baltimore City
8. Full Name of Father William Bacon
9. Father's Occupation Food carrier
10. Father's Birthplace Baltimore City
- Name of Medical Attendant, or other Person who makes this Return. Heister Bordley Docters
- Address 85 Orchard Street
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

21510

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *6th*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Negro*
3. Date of Birth *Oct. 28th 1877*
4. Place of Birth (Street and Number) *No. 19 Little Pine St.*
5. Full Name of Mother *Elonora Smith*
6. Mother's Maiden Name *" Harris*
7. Mother's Birthplace *Baltimore City*
8. Full Name of Father *John H. Smith*
9. Father's Occupation *Writer*
10. Father's Birthplace *West River Md.*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

*L. B. Gardner M. D.
No. 120 W. Greene St.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21511

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 28th October 1877
4. Place of Birth (Street and Number) 337 Durham St.
5. Full Name of Mother Margaret Shueck
6. Mother's Maiden Name Margaret Laumann
7. Mother's Birthplace Baltimore
8. Full Name of Father William Shueck
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mary Ann Butts
- Address No 181 N. Central Av
- Remarks Healthy

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21512

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race)

3. Date of Birth *Oct 28th 1877*

4. Place of Birth (Street and Number) *252 8th St. Eastern Ave*

5. Full Name of Mother *Minnie*

6. Mother's Maiden Name *Sastro*

7. Mother's Birthplace *City*

8. Full Name of Father *Charles Overberg*

9. Father's Occupation *Mariner*

10. Father's Birthplace *Germany*

Name of Medical Attendant, or other Person who makes this return *Mrs. Elizabeth Buschmann*

Address *120 Bank St*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21513

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth Oct 28th 1877

4. Place of Birth (Street and Number) 200 S Ann St

5. Full Name of Mother Bessie Bean

6. Mother's Maiden Name Hatcherson

7. Mother's Birthplace City

8. Full Name of Father George W. Bean

9. Father's Occupation Agent

10. Father's Birthplace City

Name of Medical Attendant, or other Person who makes this return Mrs Elizabeth Bushman

Address 120 Bank St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.



To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 Colored Child
1. Sex (state whether Male or Female) Male Colored Child
2. Race or Color (if not of the white race) Colored
3. Date of Birth Born on 28 of October 1877
4. Place of Birth (Street and Number) No 97 Chestnut Street
5. Full Name of Mother Rebecca Parks
6. Mother's Maiden Name Baltimore M.D
7. Mother's Birthplace
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace
- Name of Medical Attendant, or other Person who makes this Return. Hannet Jackson
- Address No 97 Chestnut Street
- Remarks Midwife Hannet Jackson

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.

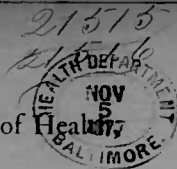


- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3^d
1. Sex (state whether Male or Female). Male
2. Race or Color (if not of the white race) White
3. Date of Birth Oct. 28th 1877
4. Place of Birth (Street and Number) Lombard st. 491. Baltimore.
5. Full Name of Mother Percilla Moore
6. Mother's Maiden Name Percilla Campbell
7. Mother's Birthplace Ireland
8. Full Name of Father William Moore
9. Father's Occupation Laborer
10. Father's Birthplace Ireland
- Name of Medical Attendant, or other Person who makes this Return. Jane Mercer
- Address 136 McHenry st Baltimore
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



21515
5th birth

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Twained male & female

1. Sex (state whether Male or Female)

male and female

2. Race or Color (if not of the white race)

colored

3. Date of Birth

October 28th

4. Place of Birth (Street and Number)

no 38 hill st

5. Full Name of Mother

caroline gant

6. Mother's Maiden Name

maiden name, unno

7. Mother's Birthplace

Baltimore

8. Full Name of Father

amos gant

9. Father's Occupation

labour

10. Father's Birthplace

colbert county

Name of Medical Attendant, or other Person who makes this return

mrs Lydia Porter

Address

no 4 Spadisco ave

Remarks

one healthy one delicate

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

No 9
female
white
October 28th
648 West Balto street
Caroline Korn
Steidel
Heidelberg Dutchy of Poden
Chas. Korn
Sales man
Heidelberg Dutchy of Poden
Mrs Selbach
139 Pratt street

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21378



To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *second*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *28 Feb.*
4. Place of Birth (Street and Number) *2. Saint Lane*
5. Full Name of Mother *Anna Helenka*
6. Mother's Maiden Name *" Dariuszka*
7. Mother's Birthplace *Hauerim Bohemia*
8. Full Name of Father *Josef Helenka*
9. Father's Occupation *Tailor*
10. Father's Birthplace *Nehodiv*
- Name of Medical Attendant, or other Person who makes this Return. *J. Conrad*
- Address *20 Barnes St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21519

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

male

2. Race or Color (if not of the white race)

white

3. Date of Birth

October 28th 1877

4. Place of Birth (Street and Number)

117 Albemarle St.

5. Full Name of Mother

Anna Winifred Rochfort

6. Mother's Maiden Name

" " P. Brin

7. Mother's Birthplace

England

8. Full Name of Father

Thomas Columbus Rochfort

9. Father's Occupation

Police

10. Father's Birthplace

Baltimore City Md.)

Name of Medical Attendant, or other Person who makes this Return.

P. E. Dauschmd

Address

27 N. Broadway

Remarks

That any physician, apothecary, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21520

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 28 Oct
4. Place of Birth (Street and Number) 280 Bond St
5. Full Name of Mother Catherine Jones
6. Mother's Maiden Name Shelling
7. Mother's Birthplace Germany
8. Full Name of Father Michael Gervy
9. Father's Occupation Tailor
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this return Samuel J. Harrison
- Address No 9 Forsyth Place
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.



To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) _____
1. Sex (state whether Male or Female) _____
2. Race or Color (if not of the white race) White
3. Date of Birth Oct 28/77
4. Place of Birth (Street and Number) 23 House Dr. of Carey St.
5. Full Name of Mother Phoebe Stork
6. Mother's Maiden Name Lincoln
7. Mother's Birthplace Alexandria Va
8. Full Name of Father Saml Stork
9. Father's Occupation Push City P. R. Co.
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. _____
- Address _____
- Remarks Wm. L. Stork
277 W. Lombard St.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6 child*
1. Sex (state whether Male or Female) *female*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *October 28 1877*
4. Place of Birth (Street and Number) *234 bank st*
5. Full Name of Mother *Mary Finninger*
6. Mother's Maiden Name *Mary Garrett*
7. Mother's Birthplace *Baltimore city*
8. Full Name of Father *Richard Finninger*
9. Father's Occupation *carpenter*
10. Father's Birthplace *Baltimore city*
- Name of Medical Attendant, or other Person who makes this Return. *Rachel Ann Garrett*
- Address *439 Allean na St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~) *6th*

1. Sex (state whether Male or Female) _____

2. Race or Color (if not of the white race) _____

3. Date of Birth

Oct. 28th 3 am.

1113

4. Place of Birth (Street and Number) _____

44 Aaron St

5. Full Name of Mother _____

Mary S. Williamson

6. Mother's Maiden Name _____

" " Wagner

7. Mother's Birthplace _____

Baltimore

8. Full Name of Father _____

Robert Williamson

9. Father's Occupation _____

Foreman Gun Factory

10. Father's Birthplace _____

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

A. Fred. Shetger M.D.

Address _____

11 S. High

Remarks _____

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) colored
3. Date of Birth oct 28
4. Place of Birth (Street and Number) 12 Temple st
5. Full Name of Mother margrett Boon
6. Mother's Maiden Name margret jenkins
7. Mother's Birthplace Baltimore
8. Full Name of Father Rearon Boon deceased
9. Father's Occupation
10. Father's Birthplace
- Name of Medical Attendant, or other Person who makes this Return. mrs rear jackson
- Address no 32 short st
- Remarks Healthy Child

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21523



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th Child*
 1. Sex (state whether Male or Female) *Male*
 2. Race or Color (if not of the white race) *White*
 3. Date of Birth *23rd of October 1877*
 4. Place of Birth (Street and Number) *277 Little Alexandra st*
 5. Full Name of Mother *Boerner Albrecht*
 6. Mother's Maiden Name *Boerner Turner*
 7. Mother's Birthplace *Germany*
 8. Full Name of Father *John Turner*
 9. Father's Occupation *Labor man*
 10. Father's Birthplace *Baltimore*
 Name of Medical Attendant, or other Person who makes this return *Capt. A. C. Kunkel*
 Address *1121 North Chappel st*
 Remarks *Healthy*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21526

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

1. Sex (state whether Male or Female)

female

2. Race or Color (if not of the white race)

3. Date of Birth

28 Oct 1877

4. Place of Birth (Street and Number)

53 Greenberry

5. Full Name of Mother

Lizzie Hays Kihl

6. Mother's Maiden Name

Litman

7. Mother's Birthplace

W. S.

8. Full Name of Father

Wm Hays Kihl

9. Father's Occupation

Tailor

10. Father's Birthplace

W. S.

Name of Medical Attendant, or other Person who makes this return

Surat, Casper

Address

526 Cornland

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3d.*

1. Sex (state whether Male or Female)

Female.

2. Race or Color (if not of the white race)

3. Date of Birth

October 28th 1877

4. Place of Birth (Street and Number)

West Street No 42.

5. Full Name of Mother

Margareth Ficker

6. Mother's Maiden Name

Margareth Hack

7. Mother's Birthplace

Germany

8. Full Name of Father

Anton Ficker

9. Father's Occupation

Laborer

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this return

Dorothea Baume

Address

114 Battery Ave.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

first
Female

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

Oct 28th

4. Place of Birth (Street and Number)

309 Myrtle Ave

5. Full Name of Mother

Emma Louise Caroline

6. Mother's Maiden Name

"

7. Mother's Birthplace

Rainham Canada

8. Full Name of Father

Martin Luther Kleppisch

9. Father's Occupation

Hogdwane & Cutlery Merchant

10. Father's Birthplace

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return

Dumler

Address

60 Schroeder

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21529

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3^d*

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

October 29th 1877

4. Place of Birth (Street and Number)

74 Leadenhall Street

5. Full Name of Mother

Maria Wiszner

6. Mother's Maiden Name

" Münch

7. Mother's Birthplace

Germany

8. Full Name of Father

Louis Wiszner

9. Father's Occupation

Shoemaker

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this return

Catharina Münch

Address

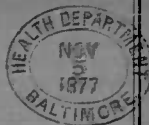
74 Leadenhall Street

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 21530

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *female*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *29 Oct. 1877*
4. Place of Birth (Street and Number) *160 Greenmount ave*
5. Full Name of Mother *Amelia Elliott*
6. Mother's Maiden Name *Parish*
7. Mother's Birthplace *md*
8. Full Name of Father *Charles Elliott*
9. Father's Occupation *loan maker*
10. Father's Birthplace *md*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Sara Parish*
- Address *160 Greenmount ave*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21530

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 31 October 1877
4. Place of Birth (Street and Number) 108 Dandelin AVE
5. Full Name of Mother Mary Thompson
6. Mother's Maiden Name Mary Murphy
7. Mother's Birthplace Conn.
8. Full Name of Father Edwin Christie
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore
Name of Medical Attendant, or other Person who makes this Return. Mar. C. Fay - Dr. Britley
Address 193 So. Chester St.
Remarks Healthy

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21331

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *5th*
- Sex (state whether Male or Female) *Female*
- Race or Color (if not of the white race) *Colored*
- Date of Birth *October 29th 1877*
- Place of Birth (Street and Number) *73 Lombard St*
- Full Name of Mother *Mrs. Leona Lillman*
- Mother's Maiden Name *Harriet Ann King*
- Mother's Birthplace *Baltimore Md*
- Full Name of Father *Richard Lillman*
- Father's Occupation *Bookkeeper*
- Father's Birthplace *Liberty County Md*
- Name of Medical Attendant, or other Person who makes this Return. *Harriet H. Horne*
- Address *1111st St & Colored*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, & as to their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21532

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th Child*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *Oct 29th 1877*
4. Place of Birth (Street and Number) *No 321 S. Charles St.*
5. Full Name of Mother *Margarette Hamel*
6. Mother's Maiden Name *Matschmann*
7. Mother's Birthplace *Germany.*
8. Full Name of Father *Adams Hamel*
9. Father's Occupation *Cooper*
10. Father's Birthplace *Germany.*
- Name of Medical Attendant, or other Person who makes this return *J. Leppassor midwife*
- Address *213 S. Charles St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21533



To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd Child*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *Oct 29th 1877*
4. Place of Birth (Street and Number) *Belair no. no number*
5. Full Name of Mother *Juliana Frank*
6. Mother's Maiden Name *Reupple*
7. Mother's Birthplace *America*
8. Full Name of Father *Ignaz Frank*
9. Father's Occupation *brewer*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this return *J. Lohwasser midwife*
- Address
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21534

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *October 29th 1877*
4. Place of Birth (Street and Number) *246 Light St.*
5. Full Name of Mother *Gerdelia Bateman*
6. Mother's Maiden Name *Gerdelia Leonard*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *James P. Bateman*
9. Father's Occupation *Policeman*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this return *Theodore Cooke M.D.*
- Address
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21535

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1 child*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Oct 24 1877*
4. Place of Birth (Street and Number) *Baltimore St 116*
5. Full Name of Mother *Mary Gill*
6. Mother's Maiden Name *Mary Henry*
7. Mother's Birthplace *Baltimore City*
8. Full Name of Father *George Gill*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Baltimore City*
- Name of Medical Attendant, or other Person who makes this Return. *Rachel Ann Garrett*
- Address *433 Aliceanna St*
- Remarks

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21536



To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *October 29th 12 noon 1877*
4. Place of Birth (Street and Number) *174 S. Ann Street*
5. Full Name of Mother *Virginia Adel Rogers*
6. Mother's Maiden Name *Virginia S. Pickens*
7. Mother's Birthplace *Virginia*
8. Full Name of Father *George William Rogers*
9. Father's Occupation *Working man*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *James E. Dorrille M.D.*
- Address *299 E. Baltimore Street*
- Remarks

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *fourth*
1. Sex (state whether Male or Female) *Boil*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *29 October*
4. Place of Birth (Street and Number) *200 Forest St*
5. Full Name of Mother *Marie Jenn.*
6. Mother's Maiden Name *" " Trulan*
7. Mother's Birthplace *Balto.*
8. Full Name of Father *Jas. Trulan*
9. Father's Occupation *Strun-Coder*
10. Father's Birthplace *Balto.*
- Name of Medical Attendant, or other Person who makes this Return. *J. Conrad*
- Address *20 Barnes St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21538

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sixth

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

October 29th 1877

4. Place of Birth (Street and Number)

No 104 Penn St

5. Full Name of Mother

M. H. R. Morris

6. Mother's Maiden Name

Mary Henrietta Ritzius

7. Mother's Birthplace

Baltimore Md

8. Full Name of Father

George Morris

9. Father's Occupation

Engineer

10. Father's Birthplace

Baltimore Md

Name of Medical Attendant, or other Person who makes this return

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar in person, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th Child

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Oct 29 1877

4. Place of Birth (Street and Number)

N^o. 544 Lexington St.

5. Full Name of Mother

Clara Alford

6. Mother's Maiden Name

Clara Jacobs

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Geo. C. Alford

9. Father's Occupation

Clerk

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Child Healthy

J. F. Powell M.D.
1224 Hamilton Ave

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereupon, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21540

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First.*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Oct. 29th 1877*
4. Place of Birth (Street and Number) *163 W. Lombard St (Maternity)*
5. Full Name of Mother *Sadie Robinson*
6. Mother's Maiden Name *"*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Unknown*
9. Father's Occupation *Unknown*
10. Father's Birthplace *Unknown*
- Name of Medical Attendant, or other Person who makes this Return. *D^r Wm Lombel*
- Address *163 W. Lombard St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 29th October
4. Place of Birth (Street and Number) No. 584 Penn. & Ave.
5. Full Name of Mother Lucinda Rebecca Catharine Vingling
6. Mother's Maiden Name " " " Kumbacher
7. Mother's Birthplace Adams Co. Pa.
8. Full Name of Father Ephraim Vingling
9. Father's Occupation Carpenter
10. Father's Birthplace Carroll Co. Md.
- Name of Medical Attendant, or other Person who makes this Return. Charles A. Geiger, M.D.
- Address No 267 Friend's Hill Ave.
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21542

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2^d child.

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth 29th of October

4. Place of Birth (Street and Number) No. 99 Lemon St.

5. Full Name of Mother Carlina Kiner

6. Mother's Maiden Name Jung

7. Mother's Birthplace Baltimore.

8. Full Name of Father Adam Kiner.

9. Father's Occupation Baker

10. Father's Birthplace Germany.

Name of Medical Attendant, or other Person who makes this Return. Anne Lindner.

Address No. 45, Monroe St. Balt.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar in person, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21543

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *24 Oct 1877*
4. Place of Birth (Street and Number) *3 Little Sound*
5. Full Name of Mother *Lizzie Wedding*
6. Mother's Maiden Name *" Mc Garry*
7. Mother's Birthplace *N. S.*
8. Full Name of Father *Sam Wedding*
9. Father's Occupation *Labourer*
10. Father's Birthplace *N. S.*
- Name of Medical Attendant, or other Person who makes this return *Sarah Casper*
- Address *525 Lombard*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrars aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21544

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd Child*

1. Sex (state whether ~~Male~~ or Female)
2. Race or Color (if not of the white race) *White*
3. Date of Birth *October 29, 1897*
4. Place of Birth (Street and Number) *S. Dallas St. No. 2*
5. Full Name of Mother *Mollie Brown*
6. Mother's Maiden Name *Mollie Brown*
7. Mother's Birthplace *Baltimore City*
8. Full Name of Father { }
9. Father's Occupation { }
10. Father's Birthplace { }

Name of Medical Attendant, or other Person who makes this return

Address *N. Dallas St. No. 26.*

Remarks *Dead born*

Mary E. Muller

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

21545

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) white

3. Date of Birth 24th of October

4. Place of Birth (Street and Number) 356 N. Greenwell

5. Full Name of Mother Mary Ann Hirsch

6. Mother's Maiden Name Mary Ann Foster

7. Mother's Birthplace Baltimore

8. Full Name of Father Augustus Hirsch

9. Father's Occupation Painter

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who
makes this Return.

Address 92 N. Eutaw St

Remarks

J. Schmitt M.D.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *October 29th 1877*

4. Place of Birth (Street and Number) *N^o 1 Jackson Court*

5. Full Name of Mother *Margaretta Reiz*

6. Mother's Maiden Name *Kitzinger*

7. Mother's Birthplace *Baltimore City*

8. Full Name of Father *August Reiz*

9. Father's Occupation *Carpenter*

10. Father's Birthplace *Baltimore City*

Name of Medical Attendant, or other Person who makes this Return.

Address *Atlix Dumbar 60 Loraker*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) _____
3. Date of Birth. *Oct 29th 1877*
4. Place of Birth (Street and Number) *156 S. Register*
5. Full Name of Mother *Margaretha Meyer*
6. Mother's Maiden Name *" Address*
7. Mother's Birthplace *City*
8. Full Name of Father *Heinrich Meyer*
9. Father's Occupation *Cooper*
10. Father's Birthplace *City*
- Name of Medical Attendant, or other Person who makes this return *Mrs Elizabeth Buschmann*
- Address *120 Bank St.*
- Remarks _____

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7

1. Sex (state whether Male or Female) Boy

2. Race or Color (if not of the white race) White

3. Date of Birth October 29 1877

4. Place of Birth (Street and Number) 206 Durram St

5. Full Name of Mother Josephine Saviner

6. Mother's Maiden Name Josephine Williams

7. Mother's Birthplace Baltimore

8. Full Name of Father George Saviner

9. Father's Occupation Labour

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Lousia Smith

Address the child is healthy

Remarks Name of the child George Saviner

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar in person, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Caucasian*
3. Date of Birth *October 29, 1877*
4. Place of Birth (Street and Number) *No. 14. Glenview Baltimore Md*
5. Full Name of Mother *Josephine Flaherty*
6. Mother's Maiden Name *Josephine Kenealy*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Thomas Flaherty*
9. Father's Occupation *Seaman*
10. Father's Birthplace *St. Peter County, Md.*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. J. H. Miller*
- Address *No. 14. Glenview Baltimore Md*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar in person, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Second
Male
Caucasian
October 29, 1877
10.10 Registry St. Baltimore
Harriet Smith
Harriet Smith
Baltimore
William Smith
Laborer
Baltimore

John H. Miller
No. 17 E. Baltimore St.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or survive at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children

RETURN OF A BIRTH.

21531

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

2nd
Male

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

White

3. Date of Birth

Oct. 29 - 1877 -

4. Place of Birth (Street and Number)

931 W. Balt. St.

5. Full Name of Mother

Mrs. Sarah Gwendolyn Brodick

6. Mother's Maiden Name

Gwendolyn

7. Mother's Birthplace

Elizabeth City, N. C.

8. Full Name of Father

Mr. C. Brodick

9. Father's Occupation

Merchant

10. Father's Birthplace

Havana - N. Y.

Name of Medical Attendant, or other Person who makes this Return.

Wm. W. Murray M.D.

Address

10 N. Carey St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21552

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
 1. Sex (state whether Male or Female) *Male*
 2. Race or Color (if not of the white race) *White*
 3. Date of Birth *Oct 30th. 1877*
 4. Place of Birth (Street and Number) *139 1/2 Northberry*
 5. Full Name of Mother *Mary Keerhorn*
 6. Mother's Maiden Name *Potzman*
 7. Mother's Birthplace *Baltimore*
 8. Full Name of Father *Simon Keerhorn*
 9. Father's Occupation *Lager Maker*
 10. Father's Birthplace *Meilan Westenberg Germany*
 Name of Medical Attendant, or other Person who makes this Return. *Elias C Price M.D.*
 Address *262 Madison St*
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

21553

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Nov 30 Stiles St. Oct. 30th 1877
4. Place of Birth (Street and Number) No. 60 Stiles St.
5. Full Name of Mother Cate Sauer.
6. Mother's Maiden Name Fisher
7. Mother's Birthplace Balls. City
8. Full Name of Father John Sauer
9. Father's Occupation Cooper
10. Father's Birthplace Balto. Ind
- Name of Medical Attendant, or other Person who makes this Return. Francis A. Sauer M.D.
- Address 105 N. Central Avenue.
- Remarks

That any physician, seconchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21534

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th
1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) wht
3. Date of Birth Oct. 30. 1877
4. Place of Birth (Street and Number) 196 Constitution st.
5. Full Name of Mother Kate Lockley
6. Mother's Maiden Name " Johnson
7. Mother's Birthplace Penna -
8. Full Name of Father Geo. W. Lockley
9. Father's Occupation Engineer on A. C. C. R. R.
10. Father's Birthplace Penna -
- Name of Medical Attendant, or other Person who makes this Return. Edmund Toneyhill
- Address 129 W. Biddle St.
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21555

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *30 October*
4. Place of Birth (Street and Number) *63 Bond Street*
5. Full Name of Mother *Laura Michel*
6. Mother's Maiden Name *Balton*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Luttre Michel*
9. Father's Occupation *Engineer*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this return *Leahier Simon*
- Address *2070 Broadway Street*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 21556

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Second*
 1. Sex (state whether Male or Female) *Female*
 2. Race or Color (if not of the white race) *White*
 3. Date of Birth *October 30th 1877*
 4. Place of Birth (Street and Number) *No 42 Jackson Street*
 5. Full Name of Mother *Sarah Keitz*
 6. Mother's Maiden Name *Sarah Helso*
 7. Mother's Birthplace *Baltimore M. D.*
 8. Full Name of Father *George W. Keitz*
 9. Father's Occupation *Stone Mason*
 10. Father's Birthplace *Montgomery Co. Md*
 Name of Medical Attendant, or other Person who makes this Return. *Thomas P. Evans M. D.*
 Address *No 42 Jackson Place*
 Remarks *[Signature]*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21557



To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) /
1. Sex (state whether Male or Female) *female*
 2. Race or Color (if not of the white race) *colored*
 3. Date of Birth *October 30 1877*
 4. Place of Birth (Street and Number) *1 Cohens Alley*
 5. Full Name of Mother *Laura Johnson*
 6. Mother's Maiden Name
 7. Mother's Birthplace *Andrick County*
 8. Full Name of Father *Abraham Johnson*
 9. Father's Occupation *waiter*
 10. Father's Birthplace *Philadelphia Pa*
- Name of Medical Attendant, or other Person who makes this Return. *Hester Bradley Doehess*
- Address *85-27 Richard Street.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. He or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

21558

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

7th

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Oct 30th 1877

4. Place of Birth (Street and Number)

99 Franklin St Balto.

5. Full Name of Mother

Mary E. Edwards

6. Mother's Maiden Name

Mary E. Harriman

7. Mother's Birthplace

Baltimore City

8. Full Name of Father

Thos. J. Edwards

9. Father's Occupation

Teacher in Public School

10. Father's Birthplace

Westmoreland Co. Virginia

Name of Medical Attendant, or other Person who makes this Return.

Reft. Dr. M. D.

Address

87 Franklin St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No 234.

RETURN OF A BIRTH.

21539

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *86*

1. Sex (state whether Male or Female) *female*

2. Race or Color (if not of the white race) *white*

3. Date of Birth *Oct. 30, 1877*

4. Place of Birth (Street and Number) *W. Lombards St. No. 379.*

5. Full Name of Mother *Josephine Schmidt.*

6. Mother's Maiden Name *Schütz*

7. Mother's Birthplace *Lumpfen Baden*

8. Full Name of Father *Johann Schmidt.*

9. Father's Occupation *carver*

10. Father's Birthplace *Hessen Darmstadt*

Name of Medical Attendant, or other Person who makes this return *Mrs. Johanna Breussbach*

Address *South Wolfe St. No. 28.*

Remarks *Healthy*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21560



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *the 4*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *the 30. of October*
4. Place of Birth (Street and Number) *No 250 East Chase St*
5. Full Name of Mother *Clara Hennig*
6. Mother's Maiden Name *Clara Engdinger*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Geo. W. Engdinger*
9. Father's Occupation *Driller*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Mr. Lauer*
- Address *173 173 Harford ave.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether full born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21561



To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

30th Oct 77.

4. Place of Birth (Street and Number)

28th of McEldry.

5. Full Name of Mother

J. Rogers.

6. Mother's Maiden Name

J. Riley.

7. Mother's Birthplace

Baltimore City.

8. Full Name of Father

John Rogers.

9. Father's Occupation

Adams Express.

10. Father's Birthplace

Baltimore City.

Name of Medical Attendant, or other Person who makes this Return.

Mary Waller.

Address

125 N. W. Caroline.

Remarks

Mary Waller
Baltimore
July 123 1877

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21562

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... *Birth*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *30 Oct.*
4. Place of Birth (Street and Number) *31. Barnes St.*
5. Full Name of Mother *Josephine Wiskot.*
6. Mother's Maiden Name *" " Panuska*
7. Mother's Birthplace *Welleschitz*
8. Full Name of Father *A. R. Wiskot.*
9. Father's Occupation *Tailor*
10. Father's Birthplace *Nadefkov*
- Name of Medical Attendant, or other Person who make this Return *J. Conrad*
- Address *20 Barnes St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21563



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th Child*

1. Sex (state whether ~~Male~~ Female)

2. Race or Color (if not of the white race) *White*

3. Date of Birth *October the 30th 1877*

4. Place of Birth (Street and Number) *Barth St. No. 10.*

5. Full Name of Mother *Karolina Ludwig*

6. Mother's Maiden Name *Karolina Seibel*

7. Mother's Birthplace *Baltimore City*

8. Full Name of Father *Theodor Ludwig*

9. Father's Occupation *Blacksmith*

10. Father's Birthplace *Baltimore City*

Name of Medical Attendant, or other Person who makes this return *Harry E. Muller*

Address *N. Falls St. No. 10.*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

215611



To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. Oct 30th 1877.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth. *Oct 30th 1877.*
4. Place of Birth (Street and Number) *416 Chester St.*
5. Full Name of Mother *Estie Reichemeister*
6. Mother's Maiden Name *Estie Stinchner*
7. Mother's Birthplace *Germany*
8. Full Name of Father *John Reichemeister*
9. Father's Occupation *Seaborner*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this return *Mrs. Mary Anderson*
- Address *187th Chife St.*
- Remarks *off*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21565

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Oct 30th 1877
4. Place of Birth (Street and Number) No 118 S. Anger st
5. Full Name of Mother Lizzie Haupe
6. Mother's Maiden Name " " Block
7. Mother's Birthplace Germany
8. Full Name of Father August Haupe
9. Father's Occupation Book
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who make this Return. Dr. Gelpke
- Address No 58 - S Bond st
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21566

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *October 4th 30th 1877*
4. Place of Birth (Street and Number) *186 Eastern ave*
5. Full Name of Mother *Nelle Sommer*
6. Mother's Maiden Name *Dinstner*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Fredrich Sommer*
9. Father's Occupation *Bottler*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this return *Louise Kraft*
- Address
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21567

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *one Child one mother*
1. Sex (state whether Male or Female) *Female Child*
 2. Race or Color (if not of the white race) *Colored race*
 3. Date of Birth *Oct the 30 1877*
 4. Place of Birth (Street and Number) *Madison St 265 Baltimore*
 5. Full Name of Mother *Hester Hooffer*
 6. Mother's Maiden Name *Hester Cornish*
 7. Mother's Birthplace *Dorchester Co Md*
 8. Full Name of Father *Peter Hooffer*
 9. Father's Occupation *Laborer*
 10. Father's Birthplace *Dorchester County Md*
- Name of Medical Attendant, or other Person who make this Return. *Lurinda Woolford*
- Address *Register St 130 Baltimore Md*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21568

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

second

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

3. Date of Birth

October 30 1877

4. Place of Birth (Street and Number)

N.E. 229 N Bond St

5. Full Name of Mother

Laura V. French

6. Mother's Maiden Name

Laura V. Gaunt

7. Mother's Birthplace

Balt^e Md

8. Full Name of Father

Charles F. French

9. Father's Occupation

Hotel Maker

10. Father's Birthplace

Balt^e Md

Name of Medical Attendant, or other Person who makes this Return.

Mary and Allwell

Address 286 McHenry St

Remarks

That any physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21569

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this return

Address

Remarks

Female
White
30th of October 1877
No 44 & 76 1/2 St. Baltimore Md
Catherine Hamann
Catherine Batty
Baltimore Md
William Hamann
Baker
Piedmont, Va
Leander Aug 3 1877
No 26, 2nd Street Baltimore

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

111 RETURN OF A BIRTH.

21570



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Oct 31st

4. Place of Birth (Street and Number) Columbiad St 78

5. Full Name of Mother Martha Gotfred

6. Mother's Maiden Name Connelley

7. Mother's Birthplace Baltimore

8. Full Name of Father George Gotfred

9. Father's Occupation Cigar manufacturer

10. Father's Birthplace Easton Shore

Name of Medical Attendant, or other Person who makes this return Wm. H. H. H.

Address 328 S. Ontario St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21571

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9 d.
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth: Oct 31 1877
4. Place of Birth (Street and Number) 429 Central Ave.
5. Full Name of Mother Martha Klemm
6. Mother's Maiden Name Martha Scholt
7. Mother's Birthplace German
8. Full Name of Father Felix Julius Klemm
9. Father's Occupation Bookkeeper
10. Father's Birthplace German
- Name of Medical Attendant, or other Person who makes this Return. Mr. R. Reudiger
- Address 134 1/2 Bond Street
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH.

21572

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *3^d*
1. Sex (state whether Male or Female) *female*
2. Race or Color (if not of the white race) *black*
3. Date of Birth *31. Oct. 1877.*
4. Place of Birth (Street and Number) *161 W. Hoffman st*
5. Full Name of Mother *Anna Clash*
6. Mother's Maiden Name *" Kellems*
7. Mother's Birthplace *Va*
8. Full Name of Father *John Clash*
9. Father's Occupation *coachman*
10. Father's Birthplace *md*
- Name of Medical Attendant, or other Person who makes this Return. *G. L. Taneyhill*
- Address. *129 W. Biddle -*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21573

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *9th Child*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race)
3. Date of Birth *Oct 31st 1877*
4. Place of Birth (Street and Number) *No 82 Badenhall st.*
5. Full Name of Mother *Anna Arnold*
6. Mother's Maiden Name *Schmid*
7. Mother's Birthplace *America*
8. Full Name of Father *Heinrich Arnold*
9. Father's Occupation *Carpenter*
10. Father's Birthplace *America*
- Name of Medical Attendant, or other Person who makes this return *J. Schwasser midwife*
- Address *213 Brass st.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. He or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No 235.

RETURN OF A BIRTH.

215747

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *Oct. 31. 1877*
4. Place of Birth (Street and Number) *S. Schappelsk No 69.*
5. Full Name of Mother. *Margaretta Brown*
6. Mother's Maiden Name *Primmer*
7. Mother's Birthplace *Prison Prison*
8. Full Name of Father *Andrew Thomas*
9. Father's Occupation *Carpenter*
10. Father's Birthplace *Pietshondorf Prussia*
- Name of Medical Attendant, or other Person who makes this return *Mrs. Thomas Primmer*
- Address *Can. Wall str No 28*
- Remarks *His wife*

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- Na. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth October 31. 1877
4. Place of Birth (Street and Number) 4018 S. Howard St. Baltimore
5. Full Name of Mother Caroline Milactia Chase
6. Mother's Maiden Name Caroline Milactia Reed
7. Mother's Birthplace Baltimore City
8. Full Name of Father Samuel W. Chase
9. Father's Occupation Caretaker
10. Father's Birthplace Baltimore City
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Milactia Chase
- Address 4018 S. York St
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the data of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21576

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Female
White
October 31st 1877
S. W. Co. Lombard St. 2d Church St.
Eda Ann Webster
Eda Ann Webster
Baltimore City Md
Harry Warner Webster
Book Keeper
Baltimore City
G. L. Linsay
W. J. Gooding
W. J. Gooding

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Oct. 31st 1877

4. Place of Birth (Street and Number)

136 N. Schroeder St.

5. Full Name of Mother

Laura Va Adams

6. Mother's Maiden Name

Daiser

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Rev. W. Adams

9. Father's Occupation

Shoemaker

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

R. C. Lee

Address

N. W. on Hanover & Barr Sts.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

21578



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth October 31 1877
4. Place of Birth (Street and Number) No 718 W Lombert St
5. Full Name of Mother Maria Albough
6. Mother's Maiden Name Maria Brant
7. Mother's Birthplace Baltimore
8. Full Name of Father Dennis Albough
9. Father's Occupation Painter
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return Mrs E Sinclair
- Address No 59 Fredrik St
- Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21579



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd child*
1. Sex (state whether Male or Female) *Girl*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *31st of October 1877*
4. Place of Birth (Street and Number) *55 South Chappel st*
5. Full Name of Mother *Patricia Grivola*
6. Mother's Maiden Name *Kalish Grivola*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Anton Grivola*
9. Father's Occupation *laborer*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this return *Greenfield Kunkel*
- Address *11 North Chappel st*
- Remarks *Healthy*

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21580

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3^d*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *Oct 31st 1877*
4. Place of Birth (Street and Number) *414 Union Ave*
5. Full Name of Mother *Catherine Deyel*
6. Mother's Maiden Name *Welsh*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Michael Deyel*
9. Father's Occupation *white washer*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this return *Mrs Elizabeth Buschmann*
- Address *120 Bank st;*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21589



To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3d.*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *Oct 31st. 1877*
4. Place of Birth (Street and Number) *537 E Fayette Str.*
5. Full Name of Mother *Rose Passagway*
6. Mother's Maiden Name *Schnyder*
7. Mother's Birthplace *City*
8. Full Name of Father *Isaac Passagway*
9. Father's Occupation *Tanner*
10. Father's Birthplace *City*
- Name of Medical Attendant, or other Person who makes this return *Mrs Elizabeth Buschmann*
- Address *127 Banks Str.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21582

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race)
3. Date of Birth *Oct 31st 1877*
4. Place of Birth (Street and Number) *No 19 S. Ann Str*
5. Full Name of Mother *Caroline Miller*
6. Mother's Maiden Name *" Fuchs*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Bernhard Miller*
9. Father's Occupation *Provisioner*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this return *Mrs Elizabeth Buschman*
- Address *120 Bank Str*
- Remarks

RETURN OF A BIRTH.

21583

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

9th

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

~~5 S. Whatcomb St~~ Nov. 30/77

4. Place of Birth (Street and Number)

5 S. Whatcomb St

5. Full Name of Mother

Mrs. Ellen Murphy

6. Mother's Maiden Name

Murray

7. Mother's Birthplace

C. R. R. - Ireland

8. Full Name of Father

Thos. Murphy

9. Father's Occupation

10. Father's Birthplace

C. R. R. - Ireland

Name of Medical Attendant, or other Person who makes this Return.

Wm. W. Murray M.D.

Address

Remarks

10 N. Court St

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21584



To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *the second child*
1. Sex (state whether Male or Female) *male*
2. Race or Color (if not of the white race) *colored*
3. Date of Birth *October the 31 1877*
4. Place of Birth (Street and Number) *Baltimore opp 8 State Street*
5. Full Name of Mother *Catharine Thornton*
6. Mother's Maiden Name *Catharine Flayed*
7. Mother's Birthplace *Acmack County Va*
8. Full Name of Father *Charles Thornton*
9. Father's Occupation *Porter*
10. Father's Birthplace *Lansterd County*
- Name of Medical Attendant, or other Person who makes this Return. *George Purcell*
- Address *no 276 south Howard Street*
- Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21585

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd
 1. Sex (state whether Male or Female) Female
 2. Race or Color (if not of the white race) White
 3. Date of Birth Nov 15 1877
 4. Place of Birth (Street and Number) 1000 E. Baltimore St.
 5. Full Name of Mother Lucy
 6. Mother's Maiden Name Lucy
 7. Mother's Birthplace Baltimore City
 8. Full Name of Father George Harper
 9. Father's Occupation Porter
 10. Father's Birthplace Baltimore
 Name of Medical Attendant, or other Person who makes this Return Charles Wilson
 Address 37 North Ave.
 Remarks Child was still born

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar accordingly, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, paternity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Second Child*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Oct. 31st 1877*

4. Place of Birth (Street and Number) *No. 180 E. Duncan Alley*

5. Full Name of Mother *Mary O'Brien*

6. Mother's Maiden Name *Murphy*

7. Mother's Birthplace *Ireland*

8. Full Name of Father *John O'Brien*

9. Father's Occupation *Sapper*

10. Father's Birthplace *Baltimore City*

Name of Medical Attendant, or other Person who makes this Return. *W. J. Gadsden*

Address *24 H. St.*

Remarks

That any physician, apothecary, or other person in charge, who shall attend, assist, or be present at the birth of any child, within six days thereafter, signifying his name, the date of birth, sex, and color of the child or child, born or not, the full name, nativity and residence of the parents, and the maiden name of the mother.

RETURN OF A BIRTH.



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd child*

1. Sex (state whether Male or Female) *female*

Race or Color (if not of the white race) _____

Date of Birth *15 November*

Place of Birth (Street and Number) *Short St*

Full Name of Mother *Ann M. Fisher*

2. Mother's Maiden Name *Fisher*

3. Mother's Birthplace *Baltimore*

4. Full Name of Father *Asa Brock Fisher*

5. Father's Occupation *at sea*

6. Father's Birthplace *New York*

Name of Medical Attendant, or other Person who makes this return *Dr. William H. Fisher*

Address _____

Remarks _____

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21388

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth November 1st 1877
4. Place of Birth (Street and Number) 214 Carlsie St. Second Precinct
5. Full Name of Mother Regina Annest Domsch
6. Mother's Maiden Name Regina Annest
7. Mother's Birthplace Germany
8. Full Name of Father James Domsch
9. Father's Occupation laborer
10. Father's Birthplace Ireland
- Name of Medical Attendant, or other Person who makes this Return. Dr. J. J. J. J. J.
- Address Ct
- Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

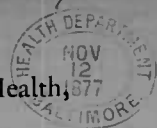


- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*
1. Sex (state whether Male or Female) *male*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *1st Nov 1877*
4. Place of Birth (Street and Number) *197 Bond St*
5. Full Name of Mother *Caroline Schweicer*
6. Mother's Maiden Name *Caroline Scherer*
7. Mother's Birthplace *Germany*
8. Full Name of Father *John Schweicer*
9. Father's Occupation *Sailor*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this return *Largh Barker*
- Address *226 Lombard St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21590



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex (state whether Male or Female) *male*

2. Race or Color (if not of the white race)

3. Date of Birth *1st Nov 1877*

4. Place of Birth (Street and Number) *84 Broadway*

5. Full Name of Mother *Lizzie Friedman*

6. Mother's Maiden Name *Lizzie Fric bald*

7. Mother's Birthplace *Germany*

8. Full Name of Father *John Friedman*

9. Father's Occupation *grocer*

10. Father's Birthplace *Germany*

Name of Medical Attendant, or other Person who makes this return *Sarah Barker*

Address *52 E Lombard Str*

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21591

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

Col'd

3. Date of Birth

Nov 14 1877

4. Place of Birth (Street and Number)

1. Chapel Alley

5. Full Name of Mother

Suey Robuck

6. Mother's Maiden Name

Virginia

7. Mother's Birthplace

SV

8. Full Name of Father

SV

9. Father's Occupation

SV

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this return

Gallie Creates

Address

5 Ivory Alley

Remarks This child lived about 6 hours and died from weakness being premature

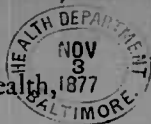
Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

21592



Nov 2nd 1877

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) M. b.

2. Race or Color (if not of the white race) White.

3. Date of Birth Nov 1st 1877

4. Place of Birth (Street and Number) 147 Bank St.

5. Full Name of Mother Sizzie Fleckenstein.

6. Mother's Maiden Name Sizzie Schneek.

7. Mother's Birthplace America.

8. Full Name of Father Jacob Fleckenstein.

9. Father's Occupation Police.

10. Father's Birthplace America.

Name of Medical Attendant, or other Person who makes this return

Address 18 237 Mt. St.

Remarks

Mrs Mary Amend

External Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21593



To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. Nov. 2nd 1877.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. Sex (state whether Male or Female) Male.

2. Race or Color (if not of the white race) White.

3. Date of Birth Nov. 1st 1877.

4. Place of Birth (Street and Number) 46 Gough St.

5. Full Name of Mother Maria Miller.

6. Mother's Maiden Name Maria Gange.

7. Mother's Birthplace America.

8. Full Name of Father John Miller.

9. Father's Occupation Laborer.

10. Father's Birthplace America.

Name of Medical Attendant, or other Person who makes this return Mrs. Mary Arnold.

Address No. 137 Wope St.

Remarks C.H.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21594



To the Office of Registrar of Vital Statistics, Board of Health,

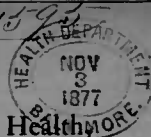
BALTIMORE CITY. Nov. 2nd 1877

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6.*
1. Sex (state whether Male or Female) *Male.*
2. Race or Color (if not of the white race) *White.*
3. Date of Birth *Nov. 1st 1877.*
4. Place of Birth (Street and Number) *178 Register St.*
5. Full Name of Mother *Beatrice Rechner.*
6. Mother's Maiden Name *Beatrice Stengel.*
7. Mother's Birthplace *Germany.*
8. Full Name of Father *Conrad R.chner,*
9. Father's Occupation *Laborer.*
10. Father's Birthplace *Germany.*
- Name of Medical Attendant, or other Person who makes this return *Mrs. Maria Amend.*
- Address *No. 137 Waige St.*
- Remarks *H2*

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *10*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *1 Nov*
4. Place of Birth (Street and Number) *52 Port-Lance St*
5. Full Name of Mother *Thomasine Stichel*
6. Mother's Maiden Name *Kaegel*
7. Mother's Birthplace *Hessen-Darmstadt*
8. Full Name of Father *Augustus Stichel*
9. Father's Occupation *Cabinet-maker*
10. Father's Birthplace *Heerzogenhausen, Prussia*
- Name of Medical Attendant, or other Person who makes this return *Mary Roth*
- Address *328 S. Baltimore St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21596



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8th child

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

3. Date of Birth

Dec 1st 1877

4. Place of Birth (Street and Number)

Belair av. no number

5. Full Name of Mother

Mary Fehler

6. Mother's Maiden Name

Feller

7. Mother's Birthplace

Germany.

8. Full Name of Father

Emil Fehler

9. Father's Occupation

Barkeeper

10. Father's Birthplace

Germany.

Name of Medical Attendant, or other Person who makes this return

J. Schaeffer midwife

Address

213 S. 1st St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



21597

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Baltimore
 1. Sex (state whether Male or Female) (in yellow)
 2. Race or Color (if not of the white race) it is white race
 3. Date of Birth 13th November 1877
 4. Place of Birth (Street and Number) Baltimore ann St No 255
 5. Full Name of Mother Mary Trotter
 6. Mother's Maiden Name yeadosiak
 7. Mother's Birthplace Sweden
 8. Full Name of Father Jos yeadosiak
 9. Father's Occupation labber
 10. Father's Birthplace Yot ter
 Name of Medical Attendant, or other Person who makes this Return. Thomas Baptist
 Address No 97 Wistons St
 Remarks Baltimore Md

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21598

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *November 1st 1877*
4. Place of Birth (Street and Number) *No 52 Warren Ave.*
5. Full Name of Mother *Margarett Louisa Sanders.*
6. Mother's Maiden Name *Margarett Louisa Sunwalt*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *M. A. Sanders*
9. Father's Occupation *Salesman*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this return *Mrs Jane Winnebarger*
- Address *No 23 N. Liberty St*
- Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

60238.

RETURN OF A BIRTH.

21599



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Nov. 1. 1877

4. Place of Birth (Street and Number)

S. Register No. 22.

5. Full Name of Mother

Margaretha Wernsdorfer

6. Mother's Maiden Name

Johanna

7. Mother's Birthplace

Trausdorf Prussia

8. Full Name of Father

Johann Wernsdorfer

9. Father's Occupation

Brickmaker

10. Father's Birthplace

Trausdorf Prussia

Name of Medical Attendant, or other Person who makes this return

Mrs. Johanna Prussack

Address

South Wolfe's Neck

Remarks

W. C. M. P.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8
1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) white
3. Date of Birth November 1. 1877 Baltimore
4. Place of Birth (Street and Number) 8 1/2 Linney
5. Full Name of Mother Francis Ellen Moxley
6. Mother's Maiden Name Francis Ellen Ellison
7. Mother's Birthplace Baltimore city
8. Full Name of Father Walter Moxley
9. Father's Occupation brick layer
10. Father's Birthplace Baltimore city

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

may corner 153

choptank st

RETURN OF A BIRTH.

21319

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Oct 18. 77

4. Place of Birth (Street and Number) 62 South Broadway

5. Full Name of Mother Rosa Bradenstader

6. Mother's Maiden Name Grabus

7. Mother's Birthplace Germany

8. Full Name of Father William Bradenstader

9. Father's Occupation Bear Bottler

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. G. G. Bond

Address 515 S. Bond St

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21320

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *Oct the 18 1877*
4. Place of Birth (Street and Number) *No 163 Townsend*
5. Full Name of Mother *Anna Lemmert*
6. Mother's Maiden Name *Anna Tallmeyer*
7. Mother's Birthplace *Germany*
8. Full Name of Father *John Lemmert*
9. Father's Occupation *Shoemaker*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Dr Miss Anne Wedenohl*
- Address *No 220 Preston St*
- Remarks

to be filed in the birth of any child, within the day of birth, with respect to the child or children within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21321

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Oct 18 1877

4. Place of Birth (Street and Number)

No 138 S. Centre Baltimore

5. Full Name of Mother

Mrs. Williams

6. Mother's Maiden Name

Mrs. W. W. W.

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Joseph Williams

9. Father's Occupation

Teacher

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Dr. W. W. W.

Address

No 138 S. Centre St.

Remarks

The Child at present is in good health

advise at the birth of any child, within the City of Baltimore, send report to the Registrar in person, or by mail, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21322



To the Office of Registrar of Vital Statistics, Board of Health,

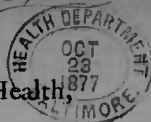
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) _____
3. Date of Birth OCT 18th 1877
4. Place of Birth (Street and Number) D. Durham St. near Monument
5. Full Name of Mother Mary Higgs
6. Mother's Maiden Name Shaw
7. Mother's Birthplace City
8. Full Name of Father Geo. Higgs
9. Father's Occupation Sugar maker
10. Father's Birthplace Cal'd
- Name of Medical Attendant, or other Person who makes this return Mrs. Elizabeth Buschman
- Address 120 Barr St.
- Remarks _____

advise at the birth of any child, within the City of Baltimore, send report to the Registrar at least, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race)
3. Date of Birth *Oct 18th 1877*
4. Place of Birth (Street and Number) *46 S. Patterson Ave*
5. Full Name of Mother *Lisette Bohrenberg*
6. Mother's Maiden Name *Miller*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Fred Bohrenberg*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this return *Mrs. Elizabeth Buschmann*
- Address *120 Barrk St.*
- Remarks

to be filed at the City or County Office of Health, within the City or County of Baltimore, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex (state whether Male or Female) _____

2. Race or Color (if not of the white race) _____

3. Date of Birth October, 18th

4. Place of Birth (Street and Number) 23 Eastern Av.

5. Full Name of Mother Bertrice Snyder

6. Mother's Maiden Name " Gordon

7. Mother's Birthplace Ireland

8. Full Name of Father Mathew Snyder

9. Father's Occupation Carpenter

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. A. Reg. Herbert, M.D.

Address 11 S. High St.

Remarks _____

anyone at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21325

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1st
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) _____
3. Date of Birth Oct. 18 1877
4. Place of Birth (Street and Number) 10 E. Calver St.
5. Full Name of Mother Elizabeth Jane Cinnick
6. Mother's Maiden Name " " Rowe,
7. Mother's Birthplace W. Va.
8. Full Name of Father Joseph P. Cinnick
9. Father's Occupation Clerk
10. Father's Birthplace Balt. Md.
- Name of Medical Attendant, or other Person who makes this Return. A. C. Cinnick, M.D.
- Address 13 W. 4th St. No.
- Remarks Normal

RETURN OF A BIRTH. 21326

*To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.*



of Mother (state whether 1st, 2d, 3d, &c.)

whether Male or Female)

Color (if not of the white race)

Birth

Birth (Street and Number)

of Mother

Maiden Name

Birthplace

of Father

position

birthplace

Medical Attendant, or other Person who makes this Return.

once female

white

Dec 18

Baltimore 28 Dec 54

May 27 1875

Mary E. Jones

Sumner St. County Md
Annapolis

gravel Base

Calcutta

virginiana

Elizabethtown Fla. 1890

part 2 at no 6

advise of the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21327

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Second

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

October 18th 1877

4. Place of Birth (Street and Number)

237 E. Pratt St.

5. Full Name of Mother

Laura Joins

6. Mother's Maiden Name

Laura Brown

7. Mother's Birthplace

Baltimore Md

8. Full Name of Father

William E Joins

9. Father's Occupation

Salesman

10. Father's Birthplace

Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return.

John S. Lynch M.D.

Address

S. E. Broadway & Pratt.

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21328

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3d Baltimore*
1. Sex (state whether Male or Female) *in Baltimore*
2. Race or Color (if not of the white race) *it is white*
3. Date of Birth *18 October 1877*
4. Place of Birth (Street and Number) *Baltimore Barn St. # 7*
5. Full Name of Mother *Anna Zlenk*
6. Mother's Maiden Name *Mrs. Jorde*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Joseph Jorde*
9. Father's Occupation *Salor*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Mary Haptish*
- Address *W. N. Hirsler St*
- Remarks *Baltimore*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21329

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Oct 18th 1877

4. Place of Birth (Street and Number)

841 Hennepin St

5. Full Name of Mother

Clonora Journey

6. Mother's Maiden Name

Clonora Dargler

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Esau B. Journey

9. Father's Occupation

Shoe Cutter

10. Father's Birthplace

Keok County

Name of Medical Attendant, or other Person who makes this return

Theodore C. C. M.D.

Address

Remarks

alive at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21330

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First 1st*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *October 19, 1877*
4. Place of Birth (Street and Number) *No. 28 Spring Street*
5. Full Name of Mother *Mrs. Ida Virginia Barry*
6. Mother's Maiden Name *Miss Ida F. Bangert*
7. Mother's Birthplace *Baltimore, Md.*
8. Full Name of Father *Mr. Newman Benton Barry*
9. Father's Occupation *Telegraph Operator*
10. Father's Birthplace *Baltimore Md*
- Name of Medical Attendant, or other Person who makes this Return. *Wm. C. Claudine*
- Address *No. 102 N. Broadway*
- Remarks

RETURN OF A BIRTH.

21331

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of Mother (state whether 1st, 2d, 3d, &c.)

1st

whether Male or Female)

Male

Color (if not of the white race)

White

Birth

19th

Birth (Street and Number)

151 Park Avenue

of Mother

Lizzie Crawford

Maiden Name

Leavis

Birthplace

Baltimore

of Father

John C. Crawford

Occupation

Master

Birthplace

Baltimore

Medical Attendant, or other Person who makes this Return.

Mrs. Gray

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

21832

RETURN OF A BIRTH.



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) _____

1. Sex (state whether ~~Male~~ or Female) _____

2. Race or Color (if not of the white race) _____

3. Date of Birth October 19th 1877

4. Place of Birth (Street and Number) No 41 N. Bond St

5. Full Name of Mother Emma, J. Moore

6. Mother's Maiden Name " " The free

7. Mother's Birthplace up Dorchester County, Md.

8. Full Name of Father Thomas, V. Moore

9. Father's Occupation Capt of small Ocean Boat

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Dr. L. Rumer

Address _____

Remarks _____

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21333

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) _____
3. Date of Birth *Oct 19 1877*
4. Place of Birth (Street and Number) *25 N. Hollis St*
5. Full Name of Mother *Mary H. Snyder*
6. Mother's Maiden Name *Mary H. Hess*
7. Mother's Birthplace *Beth.*
8. Full Name of Father *Mr Snyder*
9. Father's Occupation *Shoemaker*
10. Father's Birthplace *Germany*
Name of Medical Attendant, or other Person who makes this Return. *Mary A. Howell*
Address *286 Mc Donogh St*
Remarks _____

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21334

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th
 1. Sex (state whether Male or Female) male
 2. Race or Color (if not of the white race) white
 3. Date of Birth October 19th 1877
 4. Place of Birth (Street and Number) 67. N. Front st.
 5. Full Name of Mother Mary Ann Mc Garity
 6. Mother's Maiden Name " " Corrigan
 7. Mother's Birthplace Baltimore city
 8. Full Name of Father Bernard W. Mc Garity
 9. Father's Occupation Saw maker
 10. Father's Birthplace Baltimore city
 Name of Medical Attendant, or other Person who makes this Return. P. S. Danaher
 Address 27. N. Broadway
 Remarks

Notice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 21335

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Sixth child*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Oct. 19th 1877*
4. Place of Birth (Street and Number) *No. 53, S. Schuyler St.*
5. Full Name of Mother *Hannah Guise*
6. Mother's Maiden Name *McKishall*
7. Mother's Birthplace *Ireland*
8. Full Name of Father *John Guise*
9. Father's Occupation *Soldier Captain*
10. Father's Birthplace *Pennsylvania*
Name of Medical Attendant, or other Person who makes this Return. *Wm. J. G. & J. H. D.*
Address *244, Bland St.*
Remarks

ADVISE AT THE TIME OF ANY DEATH, within the City of Baltimore, and report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*
1. Sex (state whether Male or Female) *Boys*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *17 Apr.*
4. Place of Birth (Street and Number) *24. Barnes St.*
5. Full Name of Mother *Marie Michal*
6. Mother's Maiden Name *" Danuska*
7. Mother's Birthplace *Wellesitz Bohemia*
8. Full Name of Father *Wenzel Michal*
9. Father's Occupation *Catch - mackerel*
10. Father's Birthplace *Lititz Bohemia*
- Name of Medical Attendant, or other Person who makes this Return. *J. Conrad*
- Address *24. Barnes St.*
- Remarks

Persons in the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21337

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d

1. Sex (state whether Male or Female)

Female

2. Race, or Color (if not of the white race)

White

3. Date of Birth

Oct. 19th

4. Place of Birth (Street and Number)

Imham St No. 209

5. Full Name of Mother

Anna Stambach

6. Mother's Maiden Name

" Röder

7. Mother's Birthplace

Bath

8. Full Name of Father

Julius Stambach

9. Father's Occupation

Clerk

10. Father's Birthplace

Bath

Name of Medical Attendant, or other Person who makes this Return.

Johanna Schutte

Address

Remarks

Midwife

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7*
1. Sex (state whether Male or Female) *male*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth. *October 19 1877*
4. Place of Birth (Street and Number) *Johns Chapel*
5. Full Name of Mother *Clara Garrett*
6. Mother's Maiden Name *Clara Matthews*
7. Mother's Birthplace *Howard County*
8. Full Name of Father *William Garrett*
9. Father's Occupation *Drayman*
10. Father's Birthplace *Howard County*
- Name of Medical Attendant, or other Person who makes this Return. *Hester Bordley Dietrich*
- Address *85 Orchard street*
- Remarks

ed else at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. He or their physician, condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

21337

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *5th*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *October 19th 1877*
4. Place of Birth (Street and Number) *390 Mulberry St.*
5. Full Name of Mother *Amelia E. Russell*
6. Mother's Maiden Name *Amelia E. Shanks*
7. Mother's Birthplace *Baltimore City*
8. Full Name of Father *Joseph F. Russell*
9. Father's Occupation *Clerk*
10. Father's Birthplace *Baltimore City*
- Name of Medical Attendant, or other Person who makes this Return. *J. Shelton Hill M.D.*
- Address *432 W. Fayette St.*
- Remarks *Balto. Md.*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth October 19th 1877

4. Place of Birth (Street and Number) Canover Street No 209

5. Full Name of Mother Antonette Krause

6. Mother's Maiden Name Cachet

7. Mother's Birthplace France

8. Full Name of Father C. F. Krause

9. Father's Occupation Cabinet maker

10. Father's Birthplace France

Name of Medical Attendant, or other Person who makes this Return. No. 15 Elizabeth Scarborough

Address No 220 Montgomery Street Baltimore

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21341

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *4 Number of birth*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Brown skin*
3. Date of Birth *17 of October*
4. Place of Birth (Street and Number) *No 2 Lewis st*
5. Full Name of Mother *Sarah Lizza Ridgdon*
6. Mother's Maiden Name *Sarah Lizza Phillips*
7. Mother's Birthplace *Samuel Richards*
8. Full Name of Father *Steven Lewis*
9. Father's Occupation *Baltimore*
10. Father's Birthplace
Name of Medical Attendant, or other Person who makes this Return.
Address
Remarks
Harriet Brittain Midwife
145 North Eden st

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, etc.)

1. Sex (~~state whether Male or Female~~)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Oct 19th 1877

#180 Hollins St

Elena Nellis

" Whitehead

Balto

Levin T. Willis

Carpenter

Ind

Geo H. Lupton
#1 Waverley Terrace

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21343



To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this return

Address

Remarks

7th
Female
Oct 17th 1877
249 Eastern Ave
Susan's Pinn
" Afflict
" City
Nathaniel Pinn
" City
Mariner
Mrs Elizabeth Burman
120 13th St

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21344

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth 14 Oct

4. Place of Birth (Street and Number) 194 Calver St

5. Full Name of Mother Mary J Keegan

6. Mother's Maiden Name Donnelly

7. Mother's Birthplace Baltimore

8. Full Name of Father Patrick Keegan

9. Father's Occupation Travelling Sales

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this return Rosella J. Keegan

Address No 7 Forrest Place

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21345

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth 19 Oct

4. Place of Birth (Street and Number) 84 Madison St

5. Full Name of Mother Mary Smith

6. Mother's Maiden Name Murray

7. Mother's Birthplace Ireland

8. Full Name of Father Henry Smith

9. Father's Occupation Writer

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this return Dr. J. H. Smith

Address No. 7 Forest Place

Remarks

Give at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) _____
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) _____
3. Date of Birth 19 Oct 1877
4. Place of Birth (Street and Number) 62 E. Eden St.
5. Full Name of Mother Jane St. Barsett
6. Mother's Maiden Name Baker
7. Mother's Birthplace England
8. Full Name of Father William H. Barsett
9. Father's Occupation Baker
10. Father's Birthplace England
- Name of Medical Attendant, or other Person who makes this Return. Conrad Miller
- Address 157 E. Pratt St.
- Remarks _____

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2^d*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *October, the 19 1877*
4. Place of Birth (Street and Number) *No 54 Light Street*
5. Full Name of Mother *Julia Deutschall*
6. Mother's Maiden Name *" " Fopple*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Herrmann Deutschall*
9. Father's Occupation *Cooper*
10. Father's Birthplace *Germany*
Name of Medical Attendant, or other Person who makes this return *Dr. H. W. Munch*
Address *74 Leadenhall Street*
Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21348

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. *October 22nd 1877*



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *October 19th 1877*
4. Place of Birth (Street and Number) *No 133 Eden Street*
5. Full Name of Mother *Amelia Gasiger*
6. Mother's Maiden Name *Amelia Yeager*
7. Mother's Birthplace *America*
8. Full Name of Father *Charles Gasiger*
9. Father's Occupation *Carpenter*
10. Father's Birthplace *Germania*
- Name of Medical Attendant, or other Person who makes this return *Mrs M. Amend.*
- Address *No 131 S Wolfe Street*
- Remarks

Reported at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21349

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

White

Oct 19 1877

90 Parkers St

Mary Phelan

French

Baltimore

Andrew Phelan

Lab man

Baltimore

H. L. Picotter
379 N. Lombard St

When at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth October 20th 1877
4. Place of Birth (Street and Number) 52 Stockholam Street
5. Full Name of Mother Lenan Jackson
6. Mother's Maiden Name Lenan Waters
7. Mother's Birthplace Baltimore City
8. Full Name of Father William Jackson
9. Father's Occupation Free Man
10. Father's Birthplace Baltimore City
- Name of Medical Attendant, or other Person who makes this Return. _____
- Address Mary on Dorsey No 140. Wagon Street
- Remarks fine Gallars

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21357

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Oct 20 1877
4. Place of Birth (Street and Number) 235 Canal St
5. Full Name of Mother Mary J Jackson
6. Mother's Maiden Name Mary first
7. Mother's Birthplace Germany
8. Full Name of Father Andrew Jackson
9. Father's Occupation Iron Worker
10. Father's Birthplace Baltimore
Name of Medical Attendant, or other Person who makes this Return. Wm E Gray
Address 193 So. Chester St
Remarks Healthy

maternal at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21352

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

10th

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

October. 20/77

4. Place of Birth (Street and Number)

James St No. 129

5. Full Name of Mother

Sally Thala

6. Mother's Maiden Name

Bankard.

7. Mother's Birthplace

Bath

8. Full Name of Father

John Thala

9. Father's Occupation

Labour

10. Father's Birthplace

Bath

Name of Medical Attendant, or other Person who makes this Return.

Wm. A. Schutte

Address

Remarks

Medwif

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21353

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

4th

1. Sex (state whether Male or Female)

female

2. Race or Color (if not of the white race)

white

3. Date of Birth

October 20th 1877

4. Place of Birth (Street and Number)

Belair St. opposite Bannockburn St.

5. Full Name of Mother

Margaretta Winkler

6. Mother's Maiden Name

"

7. Mother's Birthplace

Germany

8. Full Name of Father

George Winkler

9. Father's Occupation

Cooper

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

J. G. Dausch M.D.

Address

27. N. Broadway

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21354

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex (state whether Male or Female)

White Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Oct 20th 1877

4. Place of Birth (Street and Number)

34 Cornington St

5. Full Name of Mother

Mary Fisher

6. Mother's Maiden Name

Mary Andre

7. Mother's Birthplace

Germany

8. Full Name of Father

William Fisher

9. Father's Occupation

Glass Blower

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this return

Theodor Logka M.D.

Address

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21355

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

1. Sex (state whether ~~Male~~ or Female) Male
 2. Race or Color (if not of the white race) White
 3. Date of Birth October 20.
 4. Place of Birth (Street and Number) Hampstead St. N. E.
 5. Full Name of Mother Mary Freeman's
 6. Mother's Maiden Name Mary Hoony
 7. Mother's Birthplace Baltimore, City
 8. Full Name of Father Edward Freeman's
 9. Father's Occupation Blacksmith
 10. Father's Birthplace Baltimore City
- Name of Medical Attendant, or other Person who makes this return Mary E. Muller
Address N. Dallas St. N. E.
Remarks _____

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21356

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*

1. Sex (state whether ~~Male~~ or Female) _____
 2. Race or Color (if not of the white race) *White*
 3. Date of Birth *October the 20. 1877*
 4. Place of Birth (Street and Number) *Mc Elder St. No. 60.*
 5. Full Name of Mother *Mary Weber*
 6. Mother's Maiden Name *Mary Ost.*
 7. Mother's Birthplace *Baltimore Md*
 8. Full Name of Father *John Weber*
 9. Father's Occupation *Butcher*
 10. Father's Birthplace *Liplos W. Preussen Germany*
- Name of Medical Attendant, or other Person who makes this return *Mary E. Muller*
Address *N. Dallas St. No. 26.*
Remarks _____

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21357

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The 1st.*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *born on the 20th of Oct. 1877*
4. Place of Birth (Street and Number) *No. 5 Browns Lane*
5. Full Name of Mother *Anna Kaufmann*
6. Mother's Maiden Name *Brown*
7. Mother's Birthplace *born in the City of Balto.*
8. Full Name of Father *Henry Kaufmann*
9. Father's Occupation *Butcher*
10. Father's Birthplace *City of Balto.*
- Name of Medical Attendant, or other Person who makes this Return. *Miss Miller*
- Address *No. 37 malone St.*
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21358

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2^d

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race) white

3. Date of Birth Oct. 20. 1877

4. Place of Birth (Street and Number) 286 N. Eutaw st

5. Full Name of Mother Fanny E. How

6. Mother's Maiden Name " Cornelius

7. Mother's Birthplace Va

8. Full Name of Father Mrs. A. How

9. Father's Occupation shoemaker

10. Father's Birthplace Mass

Name of Medical Attendant, or other Person who makes this Return. G. Lane Taneyhill

Address 129 W. Bedd street

Remarks Premature rupture of membranes 96 hours before end of labor. OS dilated by 15 gr. Tannin ex 3 hr for 3 doses: used chloroform and took child by instruments; doing well Oct 23. 77 as also mother. G.L.T.

Born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

21359

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *first*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *October 20*
4. Place of Birth (Street and Number) *37 Willow St*
5. Full Name of Mother *Mary Margaret Runney*
6. Mother's Maiden Name *Mary M. McCormick*
7. Mother's Birthplace *Ireland*
8. Full Name of Father *Michael McCormick*
9. Father's Occupation *Brass Molder*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Ward No 4*
- Address *Webster row near Lager St*
- Remarks

At the City of Baltimore, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21360

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *two*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *20th Oct.*
4. Place of Birth (Street and Number) *279 Hoffman St.*
5. Full Name of Mother *Thiemeyer Emilie*
6. Mother's Maiden Name *Emilie Thiemeyer*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Geo. Althaus*
9. Father's Occupation *none at present*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Annie Mesenzell*
- Address *13 220 Preston St*
- Remarks

alive at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

21361



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Boy*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *born October 20th 1877*
4. Place of Birth (Street and Number) *Welcome Alley No 22*
5. Full Name of Mother *Annie Cornish*
6. Mother's Maiden Name
7. Mother's Birthplace *Jamaica Island Taylors Island*
8. Full Name of Father *un married*
9. Father's Occupation
10. Father's Birthplace
- Name of Medical Attendant, or other Person who makes this Return *Sarah Jones*
- Address *No 67 Welcome Alley*
- Remarks *in good health as expected*

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (~~state whether Male or Female~~)

2. Race or Color (~~if not of the white race~~)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

J.D.

Oct. 22 1877.
264 Lexington St.
Henrietta Schwalb.
Henrietta Schwalb
Baltimore City.
Henry Schwalb
Grocer.
John A. Meyer, M.D.
City.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. He or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21364

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 d.
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) _____
3. Date of Birth October 20th 1877.
4. Place of Birth (Street and Number) Light Street. No. 333.
5. Full Name of Mother Margert A. Bond.
6. Mother's Maiden Name Margert A. Appleby
7. Mother's Birthplace Baltimore County. Balt^o Md.
8. Full Name of Father John C. Bond.
9. Father's Occupation Machinist
10. Father's Birthplace Baltimore County Balt^o Md.
Name of Medical Attendant, or other Person who makes this return Parothea Brune
Address 114. Battery St
Remarks _____

notice of the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- 4th
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Oct 20 1877*
4. Place of Birth (Street and Number) *No. 30 Amity St*
5. Full Name of Mother *Kate Brooks*
6. Mother's Maiden Name *Kate Butler*
7. Mother's Birthplace *City*
8. Full Name of Father *Michael Brooks*
9. Father's Occupation *Police Officer*
10. Father's Birthplace *City*
- Name of Medical Attendant, or other Person who makes this Return *Wm B Noble M.D.*
- Address *17 Francis av*
- Remarks

advise at the birth of any child within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

21366

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Oct. 20, 1877

4. Place of Birth (Street and Number)

129 Hollins St.

5. Full Name of Mother

Mary Smith

6. Mother's Maiden Name

Harris

7. Mother's Birthplace

Ireland

8. Full Name of Father

Jos. Thomas Smith

9. Father's Occupation

Bricklayer

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

John Hard, M.D.

Address

2 N. Carey St.

Remarks

Healthy, well developed child

Use at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.



To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th* 1
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *October 20th 1877*
4. Place of Birth (Street and Number) *52 Brune Street*
5. Full Name of Mother *Justina Frohnheisen*
6. Mother's Maiden Name *" " Kramer*
7. Mother's Birthplace *Germany*
8. Full Name of Father *August Frohnheisen*
9. Father's Occupation *Booker*
10. Father's Birthplace *Germany*
Name of Medical Attendant, or other Person who makes this return *Theresa Riggeldinger*
Address *No 14 Union Street*
Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9/368

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *fifth.*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *21 October.*
4. Place of Birth (Street and Number) *15 Barnes St*
5. Full Name of Mother *Franciska Nemes*
6. Mother's Maiden Name *Slivka*
7. Mother's Birthplace *Agramore Bohemia*
8. Full Name of Father *Jakob Nemes*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Veltran Bohemia*
- Name of Medical Attendant, or other Person who makes this Return. *J. Conrad*
- Address *No. 20 Barnes St*
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21369

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

October 20th 1877

4. Place of Birth (Street and Number)

Wolf st. No. 144

5. Full Name of Mother

Rosa Kort

6. Mother's Maiden Name

Rosa Wincinski

7. Mother's Birthplace

German

8. Full Name of Father

Gustav Kort

9. Father's Occupation

Laborer

10. Father's Birthplace

German

Name of Medical Attendant, or other Person who makes this Return.

Johanna Schutte

Address

Remarks

Midwife

21370



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Female

Oct 21st 1897

156 Chesapeake Dr

Maria Kaizer

11. Wannabe

Mr. Kaiser

Silver Plate

Cyber

Mrs Elizabeth Beichman

01211 Bank St.

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21371

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) Colored
3. Date of Birth October 21 1877
4. Place of Birth (Street and Number) 55 Morris Alley
5. Full Name of Mother Annie M. Vane
6. Mother's Maiden Name Annie M. Miller
7. Mother's Birthplace Catonville
8. Full Name of Father Thomas E. Vane
9. Father's Occupation Coachman
10. Father's Birthplace Cockeyville
- Name of Medical Attendant, or other Person who makes this Return. Hester Bordley Doctress
- Address 85 Orchard Street
- Remarks

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21372

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *10th*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Oct 21st 1879*
4. Place of Birth (Street and Number) *30 Covington St*
5. Full Name of Mother *Anney M. McK*
6. Mother's Maiden Name *Anney Bryant*
7. Mother's Birthplace *New Jersey*
8. Full Name of Father *Israil Mick*
9. Father's Occupation *Glass Blower*
10. Father's Birthplace *New Jersey*
- Name of Medical Attendant, or other Person who makes this return *Theodore Cooke M.D.*
- Address
- Remarks

advice as to the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

21373

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd 9th
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth Oct 21st '77
4. Place of Birth (Street and Number) John St. above Mc Ma Market
5. Full Name of Mother Josephine Fuller
6. Mother's Maiden Name Josephine Walker
7. Mother's Birthplace Bearport SC
8. Full Name of Father Robert Mead Fuller
9. Father's Occupation Clerk
10. Father's Birthplace Bearport SC
- Name of Medical Attendant, or other Person who makes this Return. Edmund R. Walker M.D.
- Address 180 Linden Ave
- Remarks LOA - easy

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21374

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*
1. Sex (state whether Male or Female) _____
2. Race or Color (if not of the white race) *White*
3. Date of Birth *October 21st*
4. Place of Birth (Street and Number) *Urban. St. No. 348*
5. Full Name of Mother. *Mary Mischel*
6. Mother's Maiden Name *Mary Zulauf*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *John Mischel*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Baltimore* *Cda*
- Name of Medical Attendant, or other Person who makes this return *Mary E. Keller*
- Address *N. Dallas St. No. 26*
- Remarks _____

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21375-

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

The 148th

1. Sex (state whether Male or Female)

Male healthy

2. Race or Color (if not of the white race)

white

3. Date of Birth

born on the 21st of Dec. 1877

4. Place of Birth (Street and Number)

No 8 Browns Lane

5. Full Name of Mother

Maria Kase

6. Mother's Maiden Name

St.

Sheaffer

7. Mother's Birthplace

born in Kessen Germany

8. Full Name of Father

Anton Kase

9. Father's Occupation

Butcher

10. Father's Birthplace

born in Dittenberg G.

Name of Medical Attendant, or other Person who makes this Return.

Mrs Hiller

Address

113 1/2 S. Calverton St.

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21376

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth 21 Oct
4. Place of Birth (Street and Number) 117 St James St
5. Full Name of Mother Annie E Smith
6. Mother's Maiden Name Wheeler
7. Mother's Birthplace Pennsylvania
8. Full Name of Father Henry Smith
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this return James J. Thompson
- Address No 7 Forrest Place
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21377



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY. *October 22 1877*

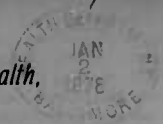
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *October 21st 1877*
4. Place of Birth (Street and Number) *No 193 Gough St.*
5. Full Name of Mother *Lena Strauff*
6. Mother's Maiden Name *Lena Kasper*
7. Mother's Birthplace *Germany*
8. Full Name of Father *August Strauff*
9. Father's Occupation *Barber*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this return *Mrs M. Amende*
- Address *No 137 S. Wolfe St.*
- Remarks *H*

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

21378

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (~~state whether~~ Male ~~or Female~~) *Male*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *October 21st*
4. Place of Birth (Street and Number) *334 N Eutan St*
5. Full Name of Mother *Kate Spilcker*
6. Mother's Maiden Name *Davis*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *CW Spilcker*
9. Father's Occupation *Merchant*
10. Father's Birthplace *Baltimore*
Name of Medical Attendant, or other Person who makes this Return.
Address *Regina Buckner*
Remarks *135 N Char St*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21379

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Oct 21st 1877
4. Place of Birth (Street and Number) 479 Welby Street
5. Full Name of Mother May E. Beauman
6. Mother's Maiden Name May E. Hunt
7. Mother's Birthplace Fredricksburg Va.
8. Full Name of Father Philip H. Beauman
9. Father's Occupation Merchant
10. Father's Birthplace Fredricksburg Va.
- Name of Medical Attendant, or other Person who makes this Return Amory L. Lyndell M.D.
- Address 139 N. Arlington Avenue
- Remarks Normal labor with perineal
- 11

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21380



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Oct. 21st*
4. Place of Birth (Street and Number) *58 Camden st.*
5. Full Name of Mother *Suzanna Benhardt.*
6. Mother's Maiden Name *Wentz*
7. Mother's Birthplace *Bavaria*
8. Full Name of Father *Henry Benhardt.*
9. Father's Occupation *Bar-keeper*
10. Father's Birthplace *Prussia*
- Name of Medical Attendant, or other Person who makes this return *Dr. J. H. Hays*
- Address *325 S. Eaton st.*
- Remarks

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21387



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3^d

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Oct. 21st

4. Place of Birth (Street and Number)

142 Conwayst

5. Full Name of Mother

Virginia Coltrich

6. Mother's Maiden Name

Silky

7. Mother's Birthplace

Washington

8. Full Name of Father

Epiphany Coltrich

9. Father's Occupation

Painter

10. Father's Birthplace

Virginia

Name of Medical Attendant, or other Person who makes this return

Mary Proh

Address

328 S. Calver St.

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th child

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Oct 21st 1877

4. Place of Birth (Street and Number)

181 Mulberry St

5. Full Name of Mother

Phia. M. Schultzeis

6. Mother's Maiden Name

Sophia W. Radecke

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Edward. Schultzeis

9. Father's Occupation

Artist

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Dumber

Address

60 Scholers

Remarks

advisee at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21383



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) _____
3. Date of Birth 21st Oct. 1877
4. Place of Birth (Street and Number) 35 Market Space
5. Full Name of Mother Lizzie Curran
6. Mother's Maiden Name Glynn
7. Mother's Birthplace Ireland
8. Full Name of Father John Curran
9. Father's Occupation Sailor
10. Father's Birthplace Ireland
- Name of Medical Attendant, or other Person who makes this return Sharah Cooper
- Address 52 E. Lombard!
- Remarks _____

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21384

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5

1. Sex (state whether Male or Female)

male

2. Race or Color (if not of the white race)

3. Date of Birth

21st Oct. 1877

4. Place of Birth (Street and Number)

4 Little Second

5. Full Name of Mother

Bernardine Connors

6. Mother's Maiden Name

Holland

7. Mother's Birthplace

U. S.

8. Full Name of Father

Tom Connors

9. Father's Occupation

Labourer

10. Father's Birthplace

U. States

Name of Medical Attendant, or other Person who makes this return

Sarah Carpenter

Address

52 E. Second Street

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21385-

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

1. Sex (state whether Male or Female)

male

2. Race or Color (if not of the white race)

3. Date of Birth

21 Oct 1877

4. Place of Birth (Street and Number)

23 Bank

5. Full Name of Mother

Mary Kars

6. Mother's Maiden Name

J. Behning

7. Mother's Birthplace

U.S.

8. Full Name of Father

Joseph Kars

9. Father's Occupation

carpenter

10. Father's Birthplace

U.S.

Name of Medical Attendant, or other Person who makes this return

Sarah Gasper

Address

52 E. Lombard

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21386

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

female

2. Race or Color (if not of the white race)

Colored

3. Date of Birth

October 21st

4. Place of Birth (Street and Number)

Ann St 2^d Room from Muliken

5. Full Name of Mother

Sarah Sanders

6. Mother's Maiden Name

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Henry Sanders

9. Father's Occupation

Butcher

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Annie Wiggan

Address

215 Muliken St.

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21387

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

October 22^d/77

4. Place of Birth (Street and Number)

O'Donnell st N. 48

5. Full Name of Mother

Louisa Meyer

6. Mother's Maiden Name

Hörner

7. Mother's Birthplace

Bath

8. Full Name of Father

Fred. Meyer

9. Father's Occupation

Laborer

10. Father's Birthplace

Bath

Name of Medical Attendant, or other Person who makes this Return.

Johanna Schmitt

Address

Midwife

Remarks

320 Alice Anna st

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21388

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d
Female

1. Sex (state whether Male or Female)

White

2. Race or Color (if not of the white race)

3. Date of Birth

October, 22^d/77

4. Place of Birth (Street and Number)

Canton ave N. 150

5. Full Name of Mother

Ernestina Horstman

6. Mother's Maiden Name

" Lambdin

7. Mother's Birthplace

Germany

8. Full Name of Father

Henry Horstman

9. Father's Occupation

Laborer

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Johnna Schmitz

Address

Madison

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21389

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) Colored
3. Date of Birth October 22 1884
4. Place of Birth (Street and Number) 24 Etting street
5. Full Name of Mother Mary young
6. Mother's Maiden Name Mary Foot
7. Mother's Birthplace Westaiver
8. Full Name of Father William young
9. Father's Occupation Coachman
10. Father's Birthplace Westaiver
- Name of Medical Attendant, or other Person who makes this Return. Hester Bordley Doctress
- Address 85 Orchard street
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd Child*
1. Sex (state whether ~~Male~~ or Female)
 2. Race or Color (if not of the white race) *White*
 3. Date of Birth *October the 22. 1877*
 4. Place of Birth (Street and Number) *S. High. St. N^o 258.*
 5. Full Name of Mother *Amalia Eckes*
 6. Mother's Maiden Name *Amalia Riller*
 7. Mother's Birthplace *Helsungen, Pr. Preussen, Germany*
 8. Full Name of Father *Henry Eckes*
 9. Father's Occupation *Restaurant*
 10. Father's Birthplace *Rockheim, Pr. Preussen, Germany*
- Name of Medical Attendant, or other Person who makes this return *Mary E. Muller*
- Address *N. Dallas St. N^o 26.*
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 21391

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



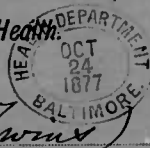
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child
1. Sex (state whether ~~Male~~ or Female) Female
 2. Race or Color (if not of the white race) White
 3. Date of Birth October the 22
 4. Place of Birth (Street and Number) S. Dallas St. No. 134.
 5. Full Name of Mother Elisabetha Kemp
 6. Mother's Maiden Name Elisabetha Stockman
 7. Mother's Birthplace Baltimore City
 8. Full Name of Father Anton Kemp
 9. Father's Occupation Laborer
 10. Father's Birthplace Griesheim. W. Wurtemberg. Germany
- Name of Medical Attendant, or other Person who makes the return. Mary E. Muller
- Address N. Dallas St. No. 26.
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21392
21393

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2^d & 3^d (Twins)

1. Sex (state whether Male or Female)

2^d Female 3^d Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Oct 22^d 1877

4. Place of Birth (Street and Number)

163 W Lombard St Maternity

5. Full Name of Mother

Mrs. Mary Duwall

6. Mother's Maiden Name

Mary Penn

7. Mother's Birthplace

Montgomery Co. Ind.

8. Full Name of Father

Asa Duwall

9. Father's Occupation

Farmer

10. Father's Birthplace

Ind

Name of Medical Attendant, or other Person who makes this Return.

D^r Wm Gombel

Address

Resident Physician

Remarks

163 W Lombard St.

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21394

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth October 22
4. Place of Birth (Street and Number) Baltimore 79 Johnson st
5. Full Name of Mother Mary Annie Pridgeon
6. Mother's Maiden Name Mary Annie Ellison
7. Mother's Birthplace Aggott's anne arrundel County
8. Full Name of Father John Pridgeon
9. Father's Occupation Book Binder
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs Ann Nash
- Address _____
- Remarks _____

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 21395

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First Child*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Oct. 29, 1877*
4. Place of Birth (Street and Number) *No. 24, Bait St*
5. Full Name of Mother *Sanna Harod*
6. Mother's Maiden Name *Heat*
7. Mother's Birthplace *Baltimore City*
8. Full Name of Father *John W. Harod*
9. Father's Occupation *Free Man*
10. Father's Birthplace *Baltimore City*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. J. G. M.*
- Address *244, Bait St.*
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21396

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 d.
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth: October 22 d. 1877
4. Place of Birth (Street and Number) 36 Jackson St.
5. Full Name of Mother Egle Schambles
6. Mother's Maiden Name Egle Simons
7. Mother's Birthplace Baltimore
8. Full Name of Father Gorschwee Schambles
9. Father's Occupation Blacksmith
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Marie R. Rudiger
- Address 134 S. Bond Street
- Remarks

advise at the birth of any child. within the City of Baltimore, shall report to the registrar ~~advised~~, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21397

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. Oct



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
 1. Sex (state whether Male or Female) Male.
 2. Race or Color (if not of the white race) White.
 3. Date of Birth Oct 22nd 1877.
 4. Place of Birth (Street and Number) 136 Register St.
 5. Full Name of Mother Katie Berich
 6. Mother's Maiden Name Katie Measer.
 7. Mother's Birthplace Germany
 8. Full Name of Father Louis Berich.
 9. Father's Occupation Carpenter.
 10. Father's Birthplace Germany.
- Name of Medical Attendant, or other Person who makes this return M. W. May General
- Address No 137 Wolfe St
- Remarks

RETURN OF A BIRTH.

21398

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

Male
White

2. Race or Color (if not of the white race)

3. Date of Birth

October the 22nd 1877

4. Place of Birth (Street and Number)

84 N Bond Street

5. Full Name of Mother

Sophia Raszendor

6. Mother's Maiden Name

" " Wagner

7. Mother's Birthplace

Germany

8. Full Name of Father

Moses Raszendor

9. Father's Occupation

Shoemaker

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this return

Barbara Biss

Address

26 N Frederick Street

Remarks

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21399

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Three children*
 1. Sex (state whether Male or Female) *Male child*
 2. Race or Color (if not of the white race) *Brown skin*
 3. Date of Birth *22 of October*
 4. Place of Birth (Street and Number) *Union ally*
 5. Full Name of Mother *Solomon Smith*
 6. Mother's Maiden Name *Sol Anna Polston*
 7. Mother's Birthplace *Port of Spain*
 8. Full Name of Father *Fred Smith*
 9. Father's Occupation *Dray man*
 10. Father's Birthplace *Baltimore*
 Name of Medical Attendant, or other Person who makes this Return. *Harriet Britton*
 Address *Wife*
 Remarks *No 145 North Eden st*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21400



To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *one Child one mother*
1. Sex (state whether Male or Female) *female Child*
2. Race or Color (if not of the white race) *Colored race*
3. Date of Birth *Oct the 22 1877*
4. Place of Birth (Street and Number) *Macubbin St 29*
5. Full Name of Mother *Sarah Morton*
6. Mother's Maiden Name *Sarah Standley*
7. Mother's Birthplace *Dorchester County md*
8. Full Name of Father *Richard Morton*
9. Father's Occupation *ryester Shurker*
10. Father's Birthplace *Dorchester County md*
- Name of Medical Attendant, or other Person who makes this Return. *Lucinda Woolford*
- Address *Regester St 130 Baltimore md*
- Remarks

any physician, midwife, or other person in charge, who shall assist, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 22 October
4. Place of Birth (Street and Number) 47 Granby Street
5. Full Name of Mother Lizzie Bonacker
6. Mother's Maiden Name Klein
7. Mother's Birthplace Germany
8. Full Name of Father Philip Bonacker
9. Father's Occupation Shoemaker
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this return W. J. C. Sullivan
- Address 47 Granby Street
- Remarks

But any physician, accoucheur, midwife, or other person in charge, who shall neglect, refuse, or
advise at the birth of any child within the City of Baltimore, shall report to the Registrar aforesaid,
within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children
born, its or their physical condition, whether still born or not, the full name, nativity, and residence
of the parents, and the maiden name of the mother of each child or children

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Girss
Male
White
Oct 22 mo 1877
5 Castle St. South
Mary Elizabeth Meadors
Mc Cord
Baltimore
Chas. Richd. Meads
Shipsmith's Helper
Baltimore
A. C. Stein, M.D.
195 N. Eden St.

This return was delayed by being mislaid accidentally

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Seventh*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Twenty Second (Oct) 1877*
4. Place of Birth (Street and Number) *56 S Charles Street*
5. Full Name of Mother *Johanna Hancke*
6. Mother's Maiden Name *Johanna Graedel*
7. Mother's Birthplace *Baltimore City*
8. Full Name of Father *Holp Hancke*
9. Father's Occupation *Tailor*
10. Father's Birthplace *Prussia, Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. M. Strong*
- Address *No. 22. Linden St. Balt.*
- Remarks

Physician, Surgeon, Midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) _____
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Oct 22/77
4. Place of Birth (Street and Number) 440 N. Lombard St.
5. Full Name of Mother Kate V. Gray
6. Mother's Maiden Name Kate V. Mills
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Adolphus C. Gray
9. Father's Occupation Musician
10. Father's Birthplace Frederick Md.
- Name of Medical Attendant, or other Person who makes this Return. H. L. S. [Signature]
- Address 379 N. Lombard St.
- Remarks _____

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) _____
3. Date of Birth 22 Oct 1877
4. Place of Birth (Street and Number) 121 1/2 High St.
5. Full Name of Mother Friedrich Eikenburg
6. Mother's Maiden Name Greiner
7. Mother's Birthplace Germany
8. Full Name of Father Charles E. Eikenburg
9. Father's Occupation Cigar-maker
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Gertraud Miller
- Address 151 E Pratt St
- Remarks _____

RETURN OF A BIRTH.

21406

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex (state whether Male or Female)...

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth...

October 23rd/74

4. Place of Birth (Street and Number)

Clydebank st 174/57

5. Full Name of Mother...

Eliza Eisenberg

6. Mother's Maiden Name

" Enter

7. Mother's Birthplace

Germany

8. Full Name of Father

John Eisenberg

9. Father's Occupation

Cooper

10. Father's Birthplace

Bath

Name of Medical Attendant, or other Person who makes this Return.

Johnanna Schutte

Address

Midwife

Remarks

320 Alice Anne st

unless at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

THAT any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21407

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Oct 2nd 1877*

4. Place of Birth (Street and Number) *107 1st St*

5. Full Name of Mother *Sarah T. Spier*

6. Mother's Maiden Name *Sarah T. Davis*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *Franklin M. Davis*

9. Father's Occupation *Engineer*

10. Father's Birthplace *Co. Va*

Name of Medical Attendant, or other Person who makes this return *Theodore Coots M.D.*

Address

Remarks

RETURN OF A BIRTH.

21408

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Female 7th*

1. Sex (state whether ~~Male~~ or Female)
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Oct 23^d 1877*
4. Place of Birth (Street and Number) *no 126 in Egypt*
5. Full Name of Mother *Virginia Dike*
6. Mother's Maiden Name *Virginia Jacobson*
7. Mother's Birthplace
8. Full Name of Father *Abraham Dike*
9. Father's Occupation *Merchant*
10. Father's Birthplace *Richmond Virginia*

Name of Medical Attendant, or other Person who makes this Return.

E. C. Baldwin M. D.

Address *in Egypt 124*

Remarks

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

advise at the birth of any child within the City or County of Baltimore, and report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

21409

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Second

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Oct. 23rd 1877

4. Place of Birth (Street and Number)

N. E. Cor. Penna. Ave., & Madison St.

5. Full Name of Mother

Fanny C. Bridges

6. Mother's Maiden Name

Jones

7. Mother's Birthplace

Virginia

8. Full Name of Father

Chas. R. Bridges

9. Father's Occupation

Conductor B. & O. R. R.

10. Father's Birthplace

Virginia

Name of Medical Attendant, or other Person who makes this Return.

W. C. Christian, M. D.

Address

431 Penna. Ave.

Remarks

Persons at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21410



To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *fourth*
1. Sex (state whether Male or Female) *Boys*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *20. October*
4. Place of Birth (Street and Number) *39 Barnes St*
5. Full Name of Mother *Anna Slinka*
6. Mother's Maiden Name *" " Klika*
7. Mother's Birthplace *Wyztechow Bohemia*
8. Full Name of Father *Peter Slinka*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Hovavon*
- Name of Medical Attendant, or other Person who makes this Return. *J. Conrad*
- Address *No. 20 Barnes St*
- Remarks

that any physician, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21411

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7 d.
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth October 23 d. 1877
4. Place of Birth (Street and Number) 14 s. Anson
5. Full Name of Mother Kathrine Bierar
6. Mother's Maiden Name Kathrine Pitz
7. Mother's Birthplace German
8. Full Name of Father Kunrat Bierar
9. Father's Occupation Strickacher
10. Father's Birthplace German
- Name of Medical Attendant, or other Person who makes this Return. Marie R. Eulige
- Address 134 s. Bond Street
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *13th*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Oct 23rd*
4. Place of Birth (Street and Number) *No. 413 W. McHenry st*
5. Full Name of Mother *Mary B. Tucker*
6. Mother's Maiden Name *Mary B. Wells*
7. Mother's Birthplace *Baltimore City*
8. Full Name of Father *John Tucker*
9. Father's Occupation *House Carpenter*
10. Father's Birthplace *Calverton N.Y.*
- Name of Medical Attendant, or other Person who makes this Return. *M. J. Gannon*
- Address *No. 413 W. McHenry st*
- Remarks *Strong healthy baby for a twin*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21413

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Eleventh*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth. *October the 22nd*
4. Place of Birth (Street and Number) *413 W. McHenry St*
5. Full Name of Mother *Mary B. Tucker*
6. Mother's Maiden Name *Mary B. Wall*
7. Mother's Birthplace *Baltimore city*
8. Full Name of Father *John Tucker*
9. Father's Occupation *House Carpenter*
10. Father's Birthplace *Calvert county Maryland*
- Name of Medical Attendant, or other Person who makes this Return. *M. J. Luman*
- Address *No. 433 W. McHenry St*
- Remarks *Strong baby, first twin*

RETURN OF A BIRTH. 21414

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *the 4th*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *Oct 23 1877*
4. Place of Birth (Street and Number) *No 50 N. Paris St*
5. Full Name of Mother *Rebeka Skinner*
6. Mother's Maiden Name *Rebeka Skinner*
7. Mother's Birthplace *Tellert Co. Virginia*
8. Full Name of Father *Charles Skinner*
9. Father's Occupation *Blacksmith*
10. Father's Birthplace *Tellert Co. Va*
- Name of Medical Attendant, or other Person who makes this Return. *Charlotte Warren*
- Address *25 N. Liberty St*
- Remarks *J. S. Moore*

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

I, as any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third
Male

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

October 23rd 1877

4. Place of Birth (Street and Number)

No. 185 Hollins St.

5. Full Name of Mother

Mary E. M^c Cormick

6. Mother's Maiden Name

Mary E. Kennedy

7. Mother's Birthplace

Baltimore

8. Full Name of Father

John W. M^c Cormick

9. Father's Occupation

Paper Hanger

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this return

Mrs Jane Winneberger

Address

No 23 N. Liberty St

Remarks

For any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21416



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 23 October
4. Place of Birth (Street and Number) 51 President Street
5. Full Name of Mother Mary Smith
6. Mother's Maiden Name Good
7. Mother's Birthplace Germany
8. Full Name of Father John Smith
9. Father's Occupation Clerk
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this return Joseph Simon
- Address 2070 Green Bay Street
- Remarks

That any physician, apothecary, midwife, or other person in charge, who shall deliver, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth The 23 day of the month
4. Place of Birth (Street and Number) 476 Stratford
5. Full Name of Mother Elizabeth Elith. Howard
6. Mother's Maiden Name Katharine Elith Howard
7. Mother's Birthplace Baltimore
8. Full Name of Father William George Howard
9. Father's Occupation Carriage man
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return Miss Dumble
- Address 60 Madison St
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21118

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1 child*
1. Sex (state whether Male or Female) *male*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *Oct 28 1877*
4. Place of Birth (Street and Number) *115 west st*
5. Full Name of Mother *Rosa Rudolph*
6. Mother's Maiden Name *Rosa Pyle*
7. Mother's Birthplace *Baltimore md*
8. Full Name of Father *Geo. Pyle*
9. Father's Occupation *Plaster*
10. Father's Birthplace *Baltimore md*
Name of Medical Attendant, or other Person who makes this Return. *Lucy Sidney*
Address *201 Patapsco ave*
Remarks *Return Hill & York st*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21419

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *male 7*
1. Sex (state whether Male or Female) *male*
2. Race or Color (if not of the white race)
3. Date of Birth *23^d Oct. 1877*
4. Place of Birth (Street and Number) *10 Front St.*
5. Full Name of Mother *Margaret Finnigan*
6. Mother's Maiden Name *Carroll*
7. Mother's Birthplace *W. B.*
8. Full Name of Father *Michael Finnigan*
9. Father's Occupation *Blacksmith*
10. Father's Birthplace *Ireland*
- Name of Medical Attendant, or other Person who makes this return *Dr. J. C. Carpenter*
- Address *525 Lombard*
- Remarks

and any physician, accoucher, midwife, or other person in charge, who and when I, agent or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) White
3. Date of Birth Tuesday October 25th
4. Place of Birth (Street and Number) 1450 Cross Street
5. Full Name of Mother Mrs Kate Miller
6. Mother's Maiden Name Kate Miller
7. Mother's Birthplace Hamm castle Germany
8. Full Name of Father William Miller
9. Father's Occupation Box maker
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Dr. H. H. Strang
- Address No 22 Leadon Rd
- Remarks Strang

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21420



To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Female 1

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth 23 October 1877

4. Place of Birth (Street and Number) East 1st St. 34

5. Full Name of Mother Herrington White

6. Mother's Maiden Name Herrington Herrington

7. Mother's Birthplace England Thames

8. Full Name of Father William White

9. Father's Occupation Carriage maker

10. Father's Birthplace England Thames

Name of Medical Attendant, or other Person who makes this Return. Dr. J. H. White 124 St.

Address 60 St. 1st St. 11

Remarks Infant born this day at 11 o'clock

that any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21422

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) Colored

3. Date of Birth Oct 23/77

4. Place of Birth (Street and Number) 6 Carlton St

5. Full Name of Mother Harriet Goodwin

6. Mother's Maiden Name

7. Mother's Birthplace West River

8. Full Name of Father Andrew Goodwin

9. Father's Occupation Porter

10. Father's Birthplace Balto Md

Name of Medical Attendant, or other Person who makes this Return.

Address 16 Carlton St

Remarks

Charlotte Proctor

that any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born: its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21423

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2^d*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *October 23rd 1877*
4. Place of Birth (Street and Number) *No 268 Pear Alley*
5. Full Name of Mother *Maria Deek*
6. Mother's Maiden Name *Goss*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *George Deek*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this return *Theresa Eigeldinger*
- Address *No 14 Union St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21424



To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race)

3. Date of Birth *Oct 24th 1877*

4. Place of Birth (Street and Number) *to 174 Madensy alley*

5. Full Name of Mother *Mary Pierce*

6. Mother's Maiden Name *Fredrick*

7. Mother's Birthplace *City*

8. Full Name of Father *Benjamin Pierce*

9. Father's Occupation *Oyster shucker*

10. Father's Birthplace *City*

Name of Medical Attendant, or other Person who makes this return *Mrs Elizabeth Buschmann*

Address *120 Bank St*

Remarks

advise as the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21425

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female) *male*

2. Race or Color (if not of the white race) *colored*

3. Date of Birth *24 Oct*

4. Place of Birth (Street and Number) *No. 4 Williamson St*

5. Full Name of Mother *Nancy Johnson*

6. Mother's Maiden Name *Nancy Wesley*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *Mathias Wesley*

9. Father's Occupation *Oyster Shocker*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Margaret Sprigg
No 2 Peachy ally
Living.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (~~state whether Male or Female~~)

2. Race or Color (~~if not of the white race~~)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

October 24th 1877

1053 N. Eden St. Balto.

Mary Bourne, (aged, 50 years)

Mary Dykes.

England

Samuel Bourne

Heater

England

J. Ridgway Andrews

that any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical constitution, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No 231.

RETURN OF A BIRTH.

21427

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
 1. Sex (state whether Male or Female) Male
 2. Race or Color (if not of the white race) white
 3. Date of Birth Oct. 24. 1877
 4. Place of Birth (Street and Number) 5. Register St. No 61.
 5. Full Name of Mother Elizabeth Gauner
 6. Mother's Maiden Name Zimmermann
 7. Mother's Birthplace Oberfendorf Prussia
 8. Full Name of Father Johann Gauner
 9. Father's Occupation Tailor
 10. Father's Birthplace Fuhlra Prussia
 Name of Medical Attendant, or other Person who makes this return Mrs. Johann Prussach
 Address South West St. No 28
 Remarks Mr. Dr. J. J. J.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this return

Address

Remarks

2nd
White Female
White
Dec 24th 1877
St. Hamburg
Blenda Mueshaw
Blenda Mueshaw
Archers, Md
J. C. P. Mueshaw
Engineer
Baltimore Md
Theodore P. Mueshaw

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21429

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this return

Address

Remarks

6th
Male
White
Oct. 24th 1877
1115 Light St
Elvina Morris
Elvina Day
Baltimore Co
Jno. C. Morris
Ship Joiner
Baltimore Md
Theodore C. Morris M.D.

Every physician, licenced nurse, or other person in charge, who shall deliver, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21430

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth 24th October 1877
4. Place of Birth (Street and Number) No 99 Dallas st
5. Full Name of Mother Catharine Tähler
6. Mother's Maiden Name Catharine Tähler
7. Mother's Birthplace Baltimore
8. Full Name of Father Spencer Tähler
9. Father's Occupation Sailor
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Harry Ann Galt
- Address No 181 N. Central St.
- Remarks

Every physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21431

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th
Male

1. Sex (state whether Male or Female)

White

2. Race or Color (if not of the white race)

3. Date of Birth

October 24th/77

4. Place of Birth (Street and Number)

Holt St No. 144

5. Full Name of Mother

Charlot. Wiesner

6. Mother's Maiden Name

" Pfefferman

7. Mother's Birthplace

German

8. Full Name of Father

George Wiesner

9. Father's Occupation

Laborer

10. Father's Birthplace

German

Name of Medical Attendant, or other Person who makes this Return.

Irhanina Schutte

Address

Midwife

Remarks

320 Allice Anna st.

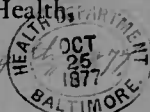
That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21432

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. Oct. 24



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2th.

1. Sex (state whether Male or Female) Female.

2. Race or Color (if not of the white race) White.

3. Date of Birth Oct 24th 1877

4. Place of Birth (Street and Number) 63 Wolfe St.

5. Full Name of Mother Katie Himmelhöfer.

6. Mother's Maiden Name Katie Eckhard

7. Mother's Birthplace Germany

8. Full Name of Father J. Himmelhöfer.

9. Father's Occupation Barber

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this return

Address Mrs. Mary Amend
137 Wolfe St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother (state whether ~~1st~~, 2d, 3d, &c.) *— 3rd —*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *October 24th 1877*
4. Place of Birth (Street and Number) *No 189 Jefferson st*
5. Full Name of Mother *Elizabeth J. Cooper*
6. Mother's Maiden Name *Elizabeth J. Jones*
7. Mother's Birthplace *Baltimore City*
8. Full Name of Father *Daniel William Cooper*
9. Father's Occupation *Clark*
10. Father's Birthplace *Baltimore City*
Name of Medical Attendant, or other Person who makes this Return. *Thomas J. Edwards M.D.*
Address *No 22 Jackson Place*
Remarks *— City —*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Wednesday October 24th 1877

4. Place of Birth (Street and Number) No 5758 West Pratt St.

5. Full Name of Mother Elizabeth Covatt

6. Mother's Maiden Name Elizabeth McPartey

7. Mother's Birthplace Baltimore

8. Full Name of Father George Covatt

9. Father's Occupation Chester

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Wm. L. L. L.

Address 16th St. N. W.

Remarks 1759 West Pratt St.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21435

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Oct 24th*
4. Place of Birth (Street and Number) *Corner of Fulton and McHenry St*
5. Full Name of Mother *Saura Ridgeman*
6. Mother's Maiden Name *Saura Pitt*
7. Mother's Birthplace *Baltimore City*
8. Full Name of Father *John Ridgeman*
9. Father's Occupation *Bread and Molasses*
10. Father's Birthplace *Philadelphia Penn*
- Name of Medical Attendant, or other Person who makes this Return. *M. J. Leonard*
- Address *No 133 West McHenry St*
- Remarks *A healthy strong child*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21436

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) White
3. Date of Birth October 24. 1877
4. Place of Birth (Street and Number) 75 lancaster st
5. Full Name of Mother Mary payn
6. Mother's Maiden Name Mary paymaster
7. Mother's Birthplace England West
8. Full Name of Father Samel payn
9. Father's Occupation mariner
10. Father's Birthplace West England
- Name of Medical Attendant, or other Person who makes this Return. Mary corner 153 chopbank st
- Address _____
- Remarks _____

advise at the birth of any child, within the City of Baltimore, shall report to the registrar in person, or other person in charge, who shall attend, assist or
within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children
born, its or their physical condition, whether still born or not, the full name, nativity, and residence
of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10
1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) white
3. Date of Birth 24. October 1877
4. Place of Birth (Street and Number) 180 Chester st
5. Full Name of Mother. Annie M Byrne
6. Mother's Maiden Name Annie M Litzinger
7. Mother's Birthplace Towlontown Baltimore county
8. Full Name of Father Terence J Byrne
9. Father's Occupation Carpenter
10. Father's Birthplace. Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mary Conner 153 Choptank st
- Address
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

21438

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th child

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Oct. 24th 1877

4. Place of Birth (Street and Number) No. 113 N. Eden St.

5. Full Name of Mother Ellen Louisa Legg

6. Mother's Maiden Name Wright

7. Mother's Birthplace Baltimore Md.

8. Full Name of Father Thos. Monroe Legg

9. Father's Occupation Stone cutter

10. Father's Birthplace Annapolis Md.

Name of Medical Attendant, or other Person who makes this Return.

Francis A. Sauer M.D.

Address

105 N. Central Avenue

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

214-39

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c) *2nd*
1. Sex (state whether Male or Female) *Female,*
2. Race or Color (if not of the white race)
3. Date of Birth *Oct. 24th 1877*
4. Place of Birth (Street and Number) *40 Fairmount Ave.*
5. Full Name of Mother *Caroline Gustavus*
6. Mother's Maiden Name *Aberle*
7. Mother's Birthplace *Hiltensburg, Prussia*
8. Full Name of Father *Peter Gustavus*
9. Father's Occupation *Shipping Broker*
10. Father's Birthplace *Hiltsenburg*
- Name of Medical Attendant, or other Person who makes this Return. *G. E. Ruck, M. D.*
- Address *Balt. & Wash. St.*
- Remarks *Natural,*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21440

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth 24 Oct

4. Place of Birth (Street and Number) 298 Bond St

5. Full Name of Mother Rosie Kate

6. Mother's Maiden Name Thompson

7. Mother's Birthplace Baltimore

8. Full Name of Father John T. Kate

9. Father's Occupation Turner

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this return Rosalia Thompson

Address No 7 Tarrist Place

Remarks

21141
RETURN OF A BIRTH.



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Child of Mother (state whether 1st, 2d, 3d, &c.) one
Whether Male or Female female
Color (if not of the white race) white
Birth 21 October
Birth (Street and Number) Baltimore fort ave 198
Name of Mother Frances Allen
Maiden Name Frances W. Foster
Birthplace Virginia
Name of Father John Thomas Allen
Occupation Painter
Birthplace Baltimore
Medical Attendant, or other Person who Elizabeth Hathorn
make this Return. fort ave st 6.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21442



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5^C

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Oct. 24^C

4. Place of Birth (Street and Number) Cross ²¹ No 303.

5. Full Name of Mother Catharina Jackel

6. Mother's Maiden Name Rock

7. Mother's Birthplace Henn - Dornd - Stadt

8. Full Name of Father Henry George Jackel

9. Father's Occupation Shoemaker

10. Father's Birthplace Henn, Henn

Name of Medical Attendant, or other Person who makes this return Henry K. K.

Address 328 S. Baltimore St.

Remarks

RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.*

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2nd.*

1. Sex (state whether Male or Female) *Female.*

2. Race or Color (if not of the white race)

3. Date of Birth *Wednesday Oct. 24th. 1877.*

4. Place of Birth (Street and Number) *28 Poplar Av.*

5. Full Name of Mother *Ida Virginia Sweet Rh*

6. Mother's Maiden Name *" " Hodges*

7. Mother's Birthplace *Balto.*

8. Full Name of Father *St. George M. Sweet Rh.*

9. Father's Occupation *Physician*

10. Father's Birthplace *Balto*

Name of Medical Attendant, or other Person who make this Return.

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 7th
1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Oct. 24th
4. *Place of Birth (Street and Number)* 147 Wall St.
5. *Full Name of Mother* Mary Martin
6. *Mother's Maiden Name* Quintus
7. *Mother's Birthplace* Balto.
8. *Full Name of Father* Ed. Martin
9. *Father's Occupation* Pictures Agent
10. *Father's Birthplace* Knoxville
- Name of Medical Attendant, or other Person who makes this return* Mary. Pratt
- Address* 328 Calow
- Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21445



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) _____
3. Date of Birth 24 Oct 1877
4. Place of Birth (Street and Number) 57 Lombard
5. Full Name of Mother Annie Seigel
6. Mother's Maiden Name " B. Cohen
7. Mother's Birthplace N. Y.
8. Full Name of Father Joseph Seigel
9. Father's Occupation Bookbinder
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this return Sarah Barker
- Address 526 Lombard
- Remarks _____

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21446

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *24 Oct 1877*
4. Place of Birth (Street and Number) *11 S. Toller St*
5. Full Name of Mother *Maria Ditzel*
6. Mother's Maiden Name *Grosch*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Konrad Ditzel*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Gertraud Miller*
- Address *151 E Pratt St*
- Remarks

1. List any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21447

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

11th Child

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

3. Date of Birth

Oct 24th 1877

4. Place of Birth (Street and Number)

175 Hamburg St.

5. Full Name of Mother

Margareth Wild

6. Mother's Maiden Name

Witt

7. Mother's Birthplace

Germany

8. Full Name of Father

Konrad Wild

9. Father's Occupation

Carpenter

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this return

J. Schlessor midwife
213. Cross St.

Address

Remarks

that any physician, accoucheur, midwife, or other person in charge, who shall attend a woman of
advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid,
within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children
born, its or their physical condition, whether still born or not, the full name, nativity, and residence
of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21448



To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 24th October 1877
4. Place of Birth (Street and Number) 278 N. Howard St.
5. Full Name of Mother Bartha Heuzo
6. Mother's Maiden Name Bartha Scher
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Edw. Hugo
9. Father's Occupation Fluid & Confectionery Store
10. Father's Birthplace Baltimore Md
- Name of Medical Attendant, or other Person who makes this Return. Mrs. L. Miller
- Address 66 N. Howard St.
- Remarks

But any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

214-4-9



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *Oct 25th 1877*
4. Place of Birth (Street and Number) *249 S. Broadway*
5. Full Name of Mother *Elizabeth Jung*
6. Mother's Maiden Name *" Odenzack*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Casper Lang*
9. Father's Occupation *Shoemaker*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this return *Mrs. Elizabeth Buschmann*
- Address *124 Bank St.*
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21450

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) colored
3. Date of Birth October 25 1899
4. Place of Birth (Street and Number) 21 Tissier Street
5. Full Name of Mother Maggie Maynard
6. Mother's Maiden Name Maggie Johnson
7. Mother's Birthplace Calvert County
8. Full Name of Father Bengeman Maynard
9. Father's Occupation Codchman
10. Father's Birthplace Calvert County
- Name of Medical Attendant, or other Person who makes this Return. Hester Bordley Doctress
- Address 85 Orchard Street
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

40232.

RETURN OF A BIRTH.

21451

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *white*

3. Date of Birth *Oct. 25, 1877*

4. Place of Birth (Street and Number) *S. Buchanan St No*

5. Full Name of Mother *Anna Herzog*

6. Mother's Maiden Name *Glaser*

7. Mother's Birthplace *Delbach Prussia*

8. Full Name of Father *Johann Herzog*

9. Father's Occupation *Workman*

10. Father's Birthplace *Landen Prussia*

Name of Medical Attendant, or other Person who makes this return *Mrs. Johanna Herzog*

Address *South Wolf St No 28*

Remarks *Wm. D. Dwyer*

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

28/452

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *8*
1. Sex (state whether Male or Female) *girl*
2. Race or Color (if not of the white race) *col'd*
3. Date of Birth *25 Oct*
4. Place of Birth (Street and Number) *43 Leader Hall St*
5. Full Name of Mother *Heller Hammond*
6. Mother's Maiden Name *Pipes*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Charles Hammond*
9. Father's Occupation *Selling Rags &c*
10. Father's Birthplace *A. A. Co.*
Name of Medical Attendant, or other Person who makes this Return. *Wiley Groves*
Address *181 York St.*
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21453



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race)
3. Date of Birth *Oct 25th 1877*
4. Place of Birth (Street and Number) *10 25 111 Bank St*
5. Full Name of Mother *Catherina Becker*
6. Mother's Maiden Name *Friedrich*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Conrad Becker*
9. Father's Occupation *Huckster*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this return *Mrs Elizabeth Buschman*
- Address *120 Bank St*
- Remarks

RETURN OF A BIRTH. 2454

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



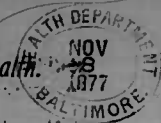
No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First Mary I.*
 1. Sex (state whether Male or Female) *Female*
 2. Race or Color (if not of the white race) *White*
 3. Date of Birth *October 25th 1877*
 4. Place of Birth (Street and Number) *130 Harlem Avenue*
 5. Full Name of Mother *Margaret Jane Gambrell*
 6. Mother's Maiden Name *Margaret Jane Smith*
 7. Mother's Birthplace *Hagerstown Md*
 8. Full Name of Father *George Thomas Gambrell*
 9. Father's Occupation *Commission Merchant*
 10. Father's Birthplace *Howard County*
 Name of Medical Attendant, or other Person who makes this Return. *Jos. Lloyd Martin M.D.*
 Address *No 38 Mount Vernon Place*
 Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *five*
1. Sex (state whether Male or Female) _____
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Oct 30th 1877*
4. Place of Birth (Street and Number) *424 North Eden*
5. Full Name of Mother *Mary Elizabeth Sinclair*
6. Mother's Maiden Name *" Smith*
7. Mother's Birthplace *Baltimore Md*
8. Full Name of Father *William F. Lecher Sinclair*
9. Father's Occupation *Bookkeeper*
10. Father's Birthplace *Baltimore Md*
- Name of Medical Attendant, or other Person who makes this Return. *Geo W. Watson*
- Address *18 Disquith St.*
- Remarks _____

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

3

1. Sex (state whether Male or Female)

M.

2. Race or Color (if not of the white race)

W.

3. Date of Birth

Oct. 25.

4. Place of Birth (Street and Number)

104 Enoch St.

5. Full Name of Mother

Maria D.

6. Mother's Maiden Name

Quigley

7. Mother's Birthplace

City

8. Full Name of Father

Frank Deppist

9. Father's Occupation

Wood Worker

10. Father's Birthplace

City

Name of Medical Attendant, or other Person who makes this Return.

A. T. Reynolds M.D.

Address

186 Aiguit St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

fourth

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

25 October

4. Place of Birth (Street and Number)

14 Barnes St

5. Full Name of Mother

Anna Kiligan

6. Mother's Maiden Name

" Brucka

7. Mother's Birthplace

Korarov Bohemia

8. Full Name of Father

Josef Kiligan

9. Father's Occupation

Schneiderman

10. Father's Birthplace

Bozian Bohemia

Name of Medical Attendant, or other Person who makes this Return.

J. Conner

Address

20 Barnes St.

Remarks

and any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Dec. 25th 1877
4. Place of Birth (Street and Number) 91 DeCaroline
5. Full Name of Mother Augusta Marsueth
6. Mother's Maiden Name "Leonard
7. Mother's Birthplace Bald. city
8. Full Name of Father John Marsueth
9. Father's Occupation Machinist
10. Father's Birthplace Bald. city
- Name of Medical Attendant, or other Person who makes this Return. R. W. Mansfield M. D.
- Address 117 S. Broadway
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21459

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d. ✓
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth October 25th 1877
4. Place of Birth (Street and Number) 26 Emsor St.
5. Full Name of Mother Alila Arents
6. Mother's Maiden Name Al. Littmann
7. Mother's Birthplace Germane
8. Full Name of Father Arent Arents
9. Father's Occupation Cai Car
10. Father's Birthplace Germane
- Name of Medical Attendant, or other Person who makes this Return. Marie R. Rudiger
- Address 134 S. Bond St.
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21460

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth Oct 25. 77
4. Place of Birth (Street and Number) 110 W. Biddle
5. Full Name of Mother Mary Jane Wilson
6. Mother's Maiden Name " Shaffer
7. Mother's Birthplace Penna
8. Full Name of Father James Matthew Wilson
9. Father's Occupation moulder
10. Father's Birthplace MD
- Name of Medical Attendant, or other Person who makes this Return. Ch Sanitaraphill
- Address 129 W. Biddle St
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21461



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th child*
1. Sex (state whether Male or Female) *Sub*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *geboren den 25^{ten} October*
4. Place of Birth (Street and Number) *N^o 39 Bank Str*
5. Full Name of Mother *Mari Klein*
6. Mother's Maiden Name *Mari Klein*
7. Mother's Birthplace *Rusehpoln*
8. Full Name of Father *Derwit Klein*
9. Father's Occupation *Bedler*
10. Father's Birthplace *Rusehpoln*
- Name of Medical Attendant, or other Person who makes this return *Friederike Kaufmann*
- Address *N^o 178 Corner of Dollars and Eastern Str*
- Remarks *Hemne*

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21462

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c)

Third
Female

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

Oct. 25th

4. Place of Birth (Street and Number)

Old no. 12 S. Fulton St.

5. Full Name of Mother

Ellen J. Hahey

6. Mother's Maiden Name

Ellen J. Hahey

7. Mother's Birthplace

Ireland

8. Full Name of Father

Patrick J. Hahey

9. Father's Occupation

Teamster

10. Father's Birthplace

Ireland.

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Anderson

Address

16 S. Fulton St.

Remarks

1. The physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar of health, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21463

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Oct 25th*
4. Place of Birth (Street and Number) *163 W. Lombard St. (Maternité)*
5. Full Name of Mother *Kate Harwood*
6. Mother's Maiden Name *Smith*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Geo. Harwood*
9. Father's Occupation *Blacksmith*
10. Father's Birthplace *Unknown*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

J. W. Lombel
163 W. Lombard St.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21464



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race)

3. Date of Birth 35th Oct. 1877

4. Place of Birth (Street and Number) Canal

5. Full Name of Mother Mary E. Mahan

6. Mother's Maiden Name Quinn

7. Mother's Birthplace Ireland

8. Full Name of Father Michael M. Mahan

9. Father's Occupation Sealwer

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this return Sarah Carpenter

Address 526. Lombard

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21463



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4

4/1/11

1. Sex (state whether Male or Female).

male

2. Race or Color (if not of the white race)

3. Date of Birth

25 Oct 1877

4. Place of Birth (Street and Number)

13 High

5. Full Name of Mother

Pauline Jaeger
Fisher

6. Mother's Maiden Name

7. Mother's Birthplace

Germany

8. Full Name of Father

Auguste Maasberg

9. Father's Occupation

Tailor

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this return

Sarah Casper

Address

540 Lombard

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21466

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) _____
3. Date of Birth *25 Oct 1877*
4. Place of Birth (Street and Number) *18 Chestnut*
5. Full Name of Mother *Mary Becker*
6. Mother's Maiden Name *W. Carey*
7. Mother's Birthplace *U. S.*
8. Full Name of Father *Benjamin Becker*
9. Father's Occupation *Ship chandler*
10. Father's Birthplace *U. S.*
- Name of Medical Attendant, or other Person who makes this return *Dr. C. Casper*
- Address *522 E. Lombard*
- Remarks _____

That any physician, apothecary, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *9th Child*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) _____
3. Date of Birth *Oct 25th 1877*
4. Place of Birth (Street and Number) *No 136 Hamburg st.*
5. Full Name of Mother *Catharine Reisel*
6. Mother's Maiden Name *Bergheimer*
7. Mother's Birthplace *America*
8. Full Name of Father *John Reisel*
9. Father's Occupation *Teacher*
10. Father's Birthplace *Germany*
Name of Medical Attendant, or other Person who makes this return *J. Schlegel midwife*
Address *213 Cross st.*
Remarks _____

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21468

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

Caucasian

3. Date of Birth

25 Oct

4. Place of Birth (Street and Number)

1881

W. 100 N. 100 E.

5. Full Name of Mother

Laura Johnson

6. Mother's Maiden Name

Laura Johnson

7. Mother's Birthplace

Baltimore Co Md

8. Full Name of Father

Johnson

9. Father's Occupation

Waiter

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

D. B. H. H. H.

Address

103 C. 2nd St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. He or they shall also state, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
 1. Sex (state whether Male or Female) *Female*
 2. Race or Color (if not of the white race) *White*
 3. Date of Birth *October 25 1877*
 4. Place of Birth (Street and Number) *No 20 Greene Street*
 5. Full Name of Mother *Wilhelmina Rauck*
 6. Mother's Maiden Name *" " Hememann*
 7. Mother's Birthplace *Germany*
 8. Full Name of Father *Ludwig Rauck*
 9. Father's Occupation *Sadler Sattler*
 10. Father's Birthplace *Germany*
 Name of Medical Attendant, or other Person who makes this return *Theresia Eigeldinger*
 Address *No 14 Union Street*
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether ~~1st~~, 2d, 3d, &c.)

1. Sex (state whether Male ~~or~~ Female)

2. Race or Color (if ~~not~~ of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

October 21st 1877
E. Balto St. 3rd door from Spring
Elizabeth Clifford
Elizabeth Prince
Balto. Maryland
James H. Clifford
Blacksmithing
Balto. Maryland
J. H. Way, M.D.
10121 E. Balto St.
General Impaction & Prostration of wife previous to birth: - but a large fine or apparently a healthy child
Duration of Labour about 4 hours. Natural.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21471

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2^d*

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

October 26th 1877

4. Place of Birth (Street and Number)

249 West Street

5. Full Name of Mother

Margaretha Schulz

6. Mother's Maiden Name

" " Heintlein

7. Mother's Birthplace

Baltimore

8. Full Name of Father

John Schulz

9. Father's Occupation

Laborer

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this return

Catherine Mönch

Address

74 Leaden hall Street

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race) coloured

3. Date of Birth October 26 1877

4. Place of Birth (Street and Number) 69 Orchard street

5. Full Name of Mother Annie Tilghman

6. Mother's Maiden Name Annie Adams

7. Mother's Birthplace Baltimore City

8. Full Name of Father Thomas Tilghman

9. Father's Occupation Drayman

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

Address 85 Orchard street

Remarks

Hester Bordley Doctriss

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

21473
HEALTH DEPT.
JAN 2 1878
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Second
Female
White
Oct. 26, 1877
176 W. Pratt
Amanda Cox
King
Baltimore
Wm. Henry Cox
Engineer
Virginia
John Howard, M.D.
2 N. Carey St.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

1st

Male

White

Oct 26th

97 E Madison St

Mollie E Clayton

Mollie E Williamson

Baltimore

Wm E Clayton

Bal. Bookkeeper

Baltimore

Wm Whitridge M.D.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *5th*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Feb 26th*
4. Place of Birth (Street and Number) *No 875 Pratt St*
5. Full Name of Mother *Maria Vager*
6. Mother's Maiden Name *Maria Rainerd*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Henri Vager*
9. Father's Occupation *Cigar maker*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Mr E Sinclair*
- Address *No 59 Lubil av*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

4
Female.

White

26th of Oct 1877.

Baltimore, Co.

Mary J. Batz

Mary J. Gend.

Baltimore City

William Batz

Butcher

Baltimore City

Mary Waller

125 N. Caroline St.

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21477

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

3^d

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

26th Oct 77

4. Place of Birth (Street and Number)

231 Leet Lee St.

5. Full Name of Mother

Eugenie Beuskausen

6. Mother's Maiden Name

Eugenie Marie Nierke

7. Mother's Birthplace

Menden Germany

8. Full Name of Father

Fred. Beuskausen

9. Father's Occupation

Clerk

10. Father's Birthplace

Omshausen Germany

Name of Medical Attendant, or other Person who makes this Return.

J. A. Sheldon M.D.

Address

120 Pearl Baltimore

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
 1. Sex (state whether Male or Female) Female
 2. Race or Color (if not of the white race) Colored
 3. Date of Birth 26 Oct
 4. Place of Birth (Street and Number) 45 Spring St
 5. Full Name of Mother Mary E. Plymmer
 6. Mother's Maiden Name Johnson
 7. Mother's Birthplace Baltimore
 8. Full Name of Father John W. Plymmer
 9. Father's Occupation Food Carrier
 10. Father's Birthplace Washington, D. C.
 Name of Medical Attendant, or other Person who makes this return Annula T. Chrymer
 Address No 1 E. 2nd Place
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21479



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5 Children

1. Sex (state whether Male or Female)

Boy & Girl

2. Race or Color (if not of the white race)

White

3. Date of Birth

26th of October 1877

4. Place of Birth (Street and Number)

25 W. Register st

5. Full Name of Mother

Kate Grachi

6. Mother's Maiden Name

Kate Leonard

7. Mother's Birthplace

Ireland

8. Full Name of Father

John Leonard

9. Father's Occupation

Officer

10. Father's Birthplace

Ireland

Name of Medical Attendant, or other Person who makes this return

Aresentia Kunkel

Address

101 W. 1st St. Baltimore

Remarks

Healthy

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex (state whether Male or Female)
2. Race or Color (if not of the white race)
3. Date of Birth
4. Place of Birth (Street and Number)
5. Full Name of Mother
6. Mother's Maiden Name
7. Mother's Birthplace
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace

1st Child.
Male.
White.
Oct. 26th 1877.
332 N. Eden St.
Mary E. Wilcox.
Mary E. Quincy
Baltimore.
Chas. E. Wilcox.
Lawyer.
Baltimore.

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

J. D. Powell M.D.
204 Calverton Ave.
Child - Premature but apparently healthy.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21481

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) _____
3. Date of Birth 26 Oct.
4. Place of Birth (Street and Number) 134 Linden Ave.
5. Full Name of Mother Margaret Trainie
6. Mother's Maiden Name Maid.
7. Mother's Birthplace Germany
8. Full Name of Father Charles Trainie
9. Father's Occupation Produce Dealer
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return Annie Lindner
- Address No. 43 Market St.
- Remarks _____

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2114-82

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Fifth Fifth. (5th)*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Twenty Sixth (26th) day of October 1877*
4. Place of Birth (Street and Number) *No 55 N. Yeter St*
5. Full Name of Mother *Isabella Hamelin*
6. Mother's Maiden Name *Isabella Pink*
7. Mother's Birthplace *Baltimore Maryland*
8. Full Name of Father *Theodore Hamelin*
9. Father's Occupation *Seaman*
10. Father's Birthplace *Baltimore Maryland*
Name of Medical Attendant, or other Person who makes this Return. *Henry P. P. Yeates M.D.*
Address *No 138 N. Exeter St*
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21483

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 27th Oct 1877
4. Place of Birth (Street and Number) 39 Elliott St.
5. Full Name of Mother Abellie Jane Jefferson
6. Mother's Maiden Name Clark
7. Mother's Birthplace Maine
8. Full Name of Father William Allen Jefferson
9. Father's Occupation Engineer
10. Father's Birthplace Baltimore Md.
- Name of Medical Attendant, or other Person who makes this Return. C. J. Williams M.D.
- Address 2117 Calumet St.
- Remarks

That any physician, nurse, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Oct. 27th
4. Place of Birth (Street and Number) No. 213 Ches. St.
5. Full Name of Mother Mary Joyce
6. Mother's Maiden Name Mary Beason
7. Mother's Birthplace Baltimore
8. Full Name of Father George Joyce
9. Father's Occupation Black
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this return Elizabeth Fook Adwige
- Address Bridge Street
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No 237.

RETURN OF A BIRTH.

21485

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

female
white

2. Race or Color (if not of the white race)

3. Date of Birth

Oct. 27. 1877

4. Place of Birth (Street and Number)

S. Wolfst. No 38.

5. Full Name of Mother.

Dorothea Lellmann

6. Mother's Maiden Name

Limmer

7. Mother's Birthplace

Potsdam Prussia

8. Full Name of Father

Wilhelm Lellmann

9. Father's Occupation

Schuhmacher

10. Father's Birthplace

Potsdam Prussia

Name of Medical Attendant, or other Person who makes this return

Mrs. Johanna Traupach

Address

South Wolfst. No 28

Remarks

W. Empe

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No 233.

RETURN OF A BIRTH.

21486

To the Office of Registrar of Vital Statistics, Board of
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

female

2. Race or Color (if not of the white race)

white

3. Date of Birth

Oct. 27. 1877

4. Place of Birth (Street and Number)

Dunken Alley

5. Full Name of Mother

Felix Libert

6. Mother's Maiden Name

Lamprecht

7. Mother's Birthplace

Bremen, Prussia

8. Full Name of Father

Karl Libert

9. Father's Occupation

Putcher

10. Father's Birthplace

Frankfurt, Prussia

Name of Medical Attendant, or other Person who makes this return

Dr. Johanna Lamprecht

Address

South Wolf St. No 28

Remarks

Amber

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21487

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Third

1. Sex (state whether Male or Female)

female

2. Race or Color (if not of the white race)

White

3. Date of Birth

27th

4. Place of Birth (Street and Number)

Biddle st No 74

5. Full Name of Mother

Fannie Kinslear

6. Mother's Maiden Name

Thompson

7. Mother's Birthplace

Ireland

8. Full Name of Father

Andrew Finnean

9. Father's Occupation

Shoemaker

10. Father's Birthplace

Ireland

Name of Medical Attendant, or other Person who makes this Return.

Mrs Gury

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

21488

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

4th

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Oct. 27th '77

4. Place of Birth (Street and Number)

No. 135 Camden St

5. Full Name of Mother

Blania McCaffrey

6. Mother's Maiden Name

Alena Leyden

7. Mother's Birthplace

Ireland

8. Full Name of Father

Thomas McCaffrey

9. Father's Occupation

Furniture Dealer

10. Father's Birthplace

Ireland

Name of Medical Attendant, or other Person who makes this Return.

A. H. Saffron, M. D.

Address

523 Lexington St

Remarks

Instrumental Delivery

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21489

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)...

Male

2. Race or Color (if not of the white race)...

Colored

3. Date of Birth

Octo. 27th 1877

4. Place of Birth (Street and Number)

131 Chestnut al

5. Full Name of Mother

Georgiana Brown
Boothe

6. Mother's Maiden Name

7. Mother's Birthplace

Maryland
Jos^{ph} Brown

8. Full Name of Father

9. Father's Occupation

Driver

10. Father's Birthplace

Maryland

Name of ~~Medical Attendant~~ or other Person who makes this Return.

R. C. Lee, M.D.

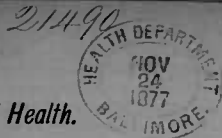
Address

Hawthorn & Barr Sts

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.



To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth October 27 1877
4. Place of Birth (Street and Number) Balt. No 43 Oxford St.
5. Full Name of Mother Millie Thomas
6. Mother's Maiden Name Dutton
7. Mother's Birthplace Earl Co Md
8. Full Name of Father John Thomas
9. Father's Occupation Packer
10. Father's Birthplace Earl Co Md
- Name of Medical Attendant, or other Person who makes this Return.
- Address
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Baltimore Md. 48 Parkin st*
4. Place of Birth (Street and Number) *Oct. 27th 1877 Baltimore*
5. Full Name of Mother *Elizabeth Smoot*
6. Mother's Maiden Name *Elizabeth Pote*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Wm. Smoot*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Caro Mercer*
- Address *136 McHenry St Baltimore*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21492

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *forth.*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *27. Oct.*
4. Place of Birth (Street and Number) *N. 221 Bond St.*
5. Full Name of Mother *Katharina P. H.*
6. Mother's Maiden Name *" Hanna "*
7. Mother's Birthplace *Balto.*
8. Full Name of Father *John P. H.*
9. Father's Occupation *Photographer*
10. Father's Birthplace *Balto.*
- Name of Medical Attendant, or other Person who makes this Return. *J. Conrad*
- Address *20 Barnes St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21493

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth October 27th 1897
4. Place of Birth (Street and Number) 328 W. Broadway,
5. Full Name of Mother Leta Antonia Bartz,
6. Mother's Maiden Name Lind,
7. Mother's Birthplace Germany
8. Full Name of Father Charles Philip Bartz,
9. Father's Occupation Clerk
10. Father's Birthplace Baltimore
- Names of Medical Attendant, or other Person who makes this return John Morris M.D.
- Address W. 5th Franklin St. Backus?
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21494

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Birth

1. Sex (state whether Male or Female)

Boie

2. Race or Color (if not of the white race)

27. Sept

3. Date of Birth

32 Barnes St

4. Place of Birth (Street and Number)

" " " "

5. Full Name of Mother

Katharine Linck

6. Mother's Maiden Name

" " Rader

7. Mother's Birthplace

Domamisel Bohemia

8. Full Name of Father

John Linck

9. Father's Occupation

Tailor

10. Father's Birthplace

Haget Bohemia

Name of Medical Attendant, or other Person who makes this Return.

J. Conrad

Address

20 Barnes St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21495

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

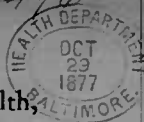


- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6
1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) colored
3. Date of Birth oct. 29
4. Place of Birth (Street and Number) 78 short
5. Full Name of Mother Mary Jane Essey
6. Mother's Maiden Name Mary Jane Wilson
7. Mother's Birthplace Baltimore
8. Full Name of Father Henry Essey
9. Father's Occupation cook
10. Father's Birthplace Trinidad Cuba
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Leas
- Address no 32 short st
- Remarks very delicate child

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21496



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *Weiss*
3. Date of Birth *November 27th 1877*
4. Place of Birth (Street and Number) *No 284 South Bond Street*
5. Full Name of Mother *Mari Meier*
6. Mother's Maiden Name *Mari Lutz*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Wilhelm Meier*
9. Father's Occupation *Händler*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this return *Friederike Kaufmann*
- Address *No 178 Corner of Dallas and Eastern Ave*
- Remarks *Heim*

That any physician, accouchieur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21497



To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2 child.*
1. Sex (state whether Male or Female) *male*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *October 27 1877*
4. Place of Birth (Street and Number) *124 Regent St*
5. Full Name of Mother *Harrett Jane Lewis*
6. Mother's Maiden Name *Harrett Kelly*
7. Mother's Birthplace *Baltimore Md.*
8. Full Name of Father *John Lewis*
9. Father's Occupation *harness maker*
10. Father's Birthplace *Baltimore city*
- Name of Medical Attendant, or other Person who makes this Return. *Rachel Ann Garrett*
- Address *433 Alice Anna St*
- Remarks

That any physician, accoucheur midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21498
HEALTH DEPARTMENT
OCT 29 1877
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6 children*
1. Sex (state whether Male or Female) *Girl*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *27th October 1877*
4. Place of Birth (Street and Number) *St. John's Chappel St*
5. Full Name of Mother *Kat Birler*
6. Mother's Maiden Name *John Wigner*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Alley Wigner*
9. Father's Occupation *Carpenter*
10. Father's Birthplace *Germany*
Name of Medical Attendant, or other Person who makes this return *Resident in Hospital*
Address *11 St John's Chappel St*
Remarks *Healthy*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) _____
1. Sex (state whether Male or Female) Edid Jones
2. Race or Color (if not of the white race) _____
3. Date of Birth Born Oct 27 1877
4. Place of Birth (Street and Number) 300 Lombard St
5. Full Name of Mother Marid Jones
6. Mother's Maiden Name Maried Williams
7. Mother's Birthplace Born at Maryland
8. Full Name of Father James H Jones
9. Father's Occupation Oyster Shucker and Brick maker
10. Father's Birthplace Born in Maryland
- Name of Medical Attendant, or other Person who makes this Return. Minid General Grannie
- Address _____
- Remarks _____

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

~~Given Name Added~~ 11-8-54
To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



Name: *Mary Margaret*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

the 3rd
Female *healthy*
white
born on the 27th of Dec. 1874
corner of Frederick Av. and Liberty St.
Mena Baster
St. Inquirer
City of Balto.
Frederick Baster
Shoe Manufacturer
German
Lizzie Miller
N 57 S. Malwood St.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and colour of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH. 21501



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *3^d*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Oct 27th 1877*
4. Place of Birth (Street and Number) *N. High st no 17*
5. Full Name of Mother *Mary Florence Baird*
6. Mother's Maiden Name *Mary Florence Leabo*
7. Mother's Birthplace *Missouri*
8. Full Name of Father *Cornelius E. Baird*
9. Father's Occupation *Lawyer*
10. Father's Birthplace *Baltimore Co Maryland*
- Name of Medical Attendant, or other Person who makes this Return. *E. C. Baldwin M. D.*
- Address *124 N. Eyster St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21502



To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd Child*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *Oct 27th 1877*
4. Place of Birth (Street and Number) *No 298 Hanover st.*
5. Full Name of Mother *Rosa Goldschmidt*
6. Mother's Maiden Name *Gutmann*
7. Mother's Birthplace *Germany.*
8. Full Name of Father *Jacob Goldschmidt*
9. Father's Occupation *Butcher*
10. Father's Birthplace *Germany.*
- Name of Medical Attendant, or other Person who makes this return *J. Loehwasan midwife*
- Address *213 Cross st.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21503

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd Child*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *Oct 27 1877*
4. Place of Birth (Street and Number) *No 336 Hanover st.*
5. Full Name of Mother *Anna Wainer*
6. Mother's Maiden Name *Dick*
7. Mother's Birthplace *America*
8. Full Name of Father *John Wainer*
9. Father's Occupation *Plumber*
10. Father's Birthplace *America*
Name of Medical Attendant, or other Person who makes this return *J. Schwasser midwife*
Address *213 Cross st.*
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

215011

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY. 11/1



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2. d.*
1. Sex (state whether Male or Female) *Male.*
2. Race or Color (if not of the white race)
3. Date of Birth *October 27th 1877.*
4. Place of Birth (Street and Number) *Margold Street No 2.*
5. Full Name of Mother *Ellen Schaumleffer*
6. Mother's Maiden Name *Ellen Smith*
7. Mother's Birthplace *York, Pa.*
8. Full Name of Father *George Schaumleffer*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Baltimore County, Md.*
- Name of Medical Attendant, or other Person who makes this report *Dorothea Bruene*
- Address *114 Battery St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21504¹/₂

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *one child one mother*
1. Sex (state whether Male or Female) *female child*
2. Race or Color (if not of the white race) *Colored race*
3. Date of Birth *Oct the 27-1877*
4. Place of Birth (Street and Number) *260 one Conover st Baltimore Md*
5. Full Name of Mother _____
6. Mother's Maiden Name *Mary Johnson*
7. Mother's Birthplace *Dorchester County Md*
8. Full Name of Father _____
9. Father's Occupation _____
10. Father's Birthplace _____
- Name of Medical Attendant, or other Person who makes this Return. *Lucinda Houlford*
- Address *Regester St 130 Baltimore Md*
- Remarks _____

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21505



To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. Oct 30th 1877

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Oct 27th 1877
4. Place of Birth (Street and Number) 233 Gough St.
5. Full Name of Mother Katie Goetz
6. Mother's Maiden Name Katie Daum
7. Mother's Birthplace America
8. Full Name of Father Francis Goetz
9. Father's Occupation Tailor
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this return Mrs. Mary Amend
- Address N^o 137 N. Wolfe St.
- Remarks 4

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21506

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3
1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) collord
3. Date of Birth oct 27/77
4. Place of Birth (Street and Number) Vincent alky
5. Full Name of Mother claria matthews
6. Mother's Maiden Name claria beare
7. Mother's Birthplace col. co.
8. Full Name of Father john matthews
9. Father's Occupation Laborer
10. Father's Birthplace Balto co md
- Name of Medical Attendant, or other Person who makes this Return. Charlotte proctor
- Address 10 Carlton St
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)
2. Race or Color (if not of the white race)
3. Date of Birth
4. Place of Birth (Street and Number)
5. Full Name of Mother
6. Mother's Maiden Name
7. Mother's Birthplace
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this return

Address

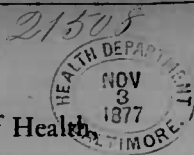
Remarks

Forth
Female
White
Oct 27 1877
50 Wythe Ave
Anna Laskern
Anna Puller
Germany
Joseph Laskern
Painter
Baltimore
Mr Mary E. James
203 Washington Ave
AB

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3^d*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Oct. 28th*

4. Place of Birth (Street and Number) *54 Howard St.*

5. Full Name of Mother *Cristina Robinson*

6. Mother's Maiden Name *Maria*

7. Mother's Birthplace *Westminister*

8. Full Name of Father *Henry Robinson*

9. Father's Occupation *Merchant Taylor*

10. Father's Birthplace *Westphalia*

Name of Medical Attendant, or other Person who makes this return *Mary Spaul*

Address *305 S. Calvert St.*

Remarks

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21509

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) Colored

3. Date of Birth October 28 1877

4. Place of Birth (Street and Number) Johns Alley

5. Full Name of Mother Sophia Bacon

6. Mother's Maiden Name Sophia Garrett

7. Mother's Birthplace Baltimore City

8. Full Name of Father William Bacon

9. Father's Occupation Hoodcarver

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Hester Bradley Doctor

Address 75 Orchard Street

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21510

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *6th*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Negro*
3. Date of Birth *Oct. 28th 1877*
4. Place of Birth (Street and Number) *No. 19 Little Pine St.*
5. Full Name of Mother *Elenora Smith*
6. Mother's Maiden Name *" Harris*
7. Mother's Birthplace *Baltimore City*
8. Full Name of Father *John A. Smith*
9. Father's Occupation *Writer*
10. Father's Birthplace *West River Md.*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

*L. W. Gardner M. D.
No. 120 W. Greene St.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21511

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 28th October 1877
4. Place of Birth (Street and Number) 337^{1/2} Durham St.
5. Full Name of Mother Margret Shueck
6. Mother's Maiden Name Margret Laumann
7. Mother's Birthplace Baltimore
8. Full Name of Father William Shueck
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mary Ann Butts
- Address No 181 N. Central Av
- Remarks Healthy

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21512

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

3. Date of Birth

Oct 28th 1877

4. Place of Birth (Street and Number)

252 S. Green St. Eastern Ave

5. Full Name of Mother

Minnie Osenberg

6. Mother's Maiden Name

" Sastro

7. Mother's Birthplace

City

8. Full Name of Father

Charles Osenberg

9. Father's Occupation

Mariner

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this return

Mrs Elizabeth Buschmann

Address

120 Bank St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21572

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *Oct 28th 1877*
4. Place of Birth (Street and Number) *200 S Ann St*
5. Full Name of Mother *Denise Bean*
6. Mother's Maiden Name *Hatcheson*
7. Mother's Birthplace *City*
8. Full Name of Father *George W. Bean*
9. Father's Occupation *Agent*
10. Father's Birthplace *City*
- Name of Medical Attendant, or other Person who makes this return *Mrs Elizabeth Bushman*
- Address *120 Bank St*
- Remarks

At any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

215181/2



To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 Colored Child
1. Sex (state whether Male or Female) Male Colored Child
2. Race or Color (if not of the white race) Colored
3. Date of Birth Born on 28 of October 1877
4. Place of Birth (Street and Number) No 97 Chesnut Street
5. Full Name of Mother ✓ Rebecca Parks
6. Mother's Maiden Name Baltimore M.D
7. Mother's Birthplace ✓
8. Full Name of Father _____
9. Father's Occupation _____
10. Father's Birthplace _____
Name of Medical Attendant, or other Person who makes this Return. Hannet Jackson
Address No 97 Chesnut Street
Remarks Midwife Hannet Jackson

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3^d

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Oct. 28th 1877

4. Place of Birth (Street and Number) Lombard St 491 - Baltimore.

5. Full Name of Mother Percilla

6. Mother's Maiden Name Percilla Campbell

7. Mother's Birthplace Ireland

8. Full Name of Father William Moore

9. Father's Occupation Laborer

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return

Address 136 McHenry St Baltimore

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



5th birth

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Twained male & female*
1. Sex (state whether Male or Female) *male and female*
2. Race or Color (if not of the white race) *colored*
3. Date of Birth *October 28th*
4. Place of Birth (Street and Number) *no 38 hill st*
5. Full Name of Mother *caroline gant*
6. Mother's Maiden Name *maiden name, unkn*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *amos gant*
9. Father's Occupation *laborer*
10. Father's Birthplace *colbert county*
Name of Medical Attendant, or other Person who makes this return *mrs Lydia Porter*
Address *no 4 Spadisco ave*
Remarks *one healthy one stillborn*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21517

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

No 9

1. Sex (state whether Male or Female)

female

2. Race or Color (if not of the white race)

white

3. Date of Birth

October 28th

4. Place of Birth (Street and Number)

648 West Balto street

5. Full Name of Mother

Caroline Horn

6. Mother's Maiden Name

Heidel

7. Mother's Birthplace

Heidelberg Duchy of Baden

8. Full Name of Father

Chas. Horn

9. Father's Occupation

Sales man

10. Father's Birthplace

Heidelberg Duchy of Baden

Name of Medical Attendant, or other Person who makes this Return.

Mrs Selbach

Address

139th street

Remarks

That any physician, nurse, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *second*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *28 Octo.*
4. Place of Birth (Street and Number) *2. Paint Lane*
5. Full Name of Mother *Anna Helenka*
6. Mother's Maiden Name *" Danno Kal*
7. Mother's Birthplace *Hauerim Bohemia*
8. Full Name of Father *Josef Helenka*
9. Father's Occupation *Sailor*
10. Father's Birthplace *Nehodiv*
- Name of Medical Attendant, or other Person who makes this Return *J. Conrad*
- Address *20 Barnes St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, lie or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21519

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

male

2. Race or Color (if not of the white race)

white

3. Date of Birth

October 28th 1877

4. Place of Birth (Street and Number)

117 Albernale st

5. Full Name of Mother

Anna Winifred Rochfort

6. Mother's Maiden Name

" " P. Bruin

7. Mother's Birthplace

England

8. Full Name of Father

Thomas Columbus Rochfort

9. Father's Occupation

Police

10. Father's Birthplace

Baltimore City Md.)

Name of Medical Attendant, or other Person who makes this Return.

J. E. Dauschmidt

Address

27 N. Broadway

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21520

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 28 Oct
4. Place of Birth (Street and Number) 280 Bond St
5. Full Name of Mother Catherine Jones
6. Mother's Maiden Name Shilling
7. Mother's Birthplace Germany
8. Full Name of Father Michael Jones
9. Father's Occupation Tailor
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this return Mrs. J. H. Jones
- Address No 9 Forest Place
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21524



To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) _____
1. Sex (state whether Male or Female) _____
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Oct 28/79*
4. Place of Birth (Street and Number) *Rollin St. 22. House Dr. of Carey St.*
5. Full Name of Mother *Phoebe Stork*
6. Mother's Maiden Name *Linkins*
7. Mother's Birthplace *Alexandria Va*
8. Full Name of Father *Saml Stork*
9. Father's Occupation *Cupl City P. R. Co.*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *W. C. Stork*
- Address *279 W. Lombard St.*
- Remarks _____

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6. child*
1. Sex (state whether Male or Female) *female*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *October 28 1877*
4. Place of Birth (Street and Number) *234 Bank St.*
5. Full Name of Mother *Mary Hininger*
6. Mother's Maiden Name *Mary Garrett*
7. Mother's Birthplace *Baltimore City*
8. Full Name of Father *Richard Hininger*
9. Father's Occupation *carpenter*
10. Father's Birthplace *Baltimore City*
- Name of Medical Attendant, or other Person who makes this Return *Rachel Ann Garrett*
- Address *429 Aliean na St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH.

21523

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

Oct. 28th 3 A.M.

1113

4. Place of Birth (Street and Number)

64 Haven St

5. Full Name of Mother

Mary E. Williamson

6. Mother's Maiden Name

" " Wagner

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Robert Williamson

9. Father's Occupation

Fireman Can Factory

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Dr. Reg. Shertzer M.D.

Address.

113 N. 1st St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21524

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) Colored
3. Date of Birth Oct 28
4. Place of Birth (Street and Number) 12 Temple st
5. Full Name of Mother Margaret Boon
6. Mother's Maiden Name Margret Jenkins
7. Mother's Birthplace Baltimore
8. Full Name of Father Bearon Boon - deceased
9. Father's Occupation
10. Father's Birthplace
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Leas Johnson
- Address 110 32. 2nd St
- Remarks Healthy Child

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent's, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21523



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 25th October 1877
4. Place of Birth (Street and Number) 27, Little Alexandra st
5. Full Name of Mother Hoerner Alwater
6. Mother's Maiden Name Hoerner Turner
7. Mother's Birthplace Germany
8. Full Name of Father John Turner
9. Father's Occupation Labor man
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this return Leopoldina Kunkel
- Address 11 North Chappel st
- Remarks Healthy

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this return

Address

Remarks

1
female

28 Oct 1877

53 Granberry

Lizzie Hays Kihl

Litman

W. S.

Mrs Hays Kihl

Tailor

W. S.

Surah Casper

52 E. Corn Land

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3^d.*
1. Sex (state whether Male or Female) *Female.*
2. Race or Color (if not of the white race)
3. Date of Birth *October 28th 1877.*
4. Place of Birth (Street and Number) *West Street No. 42.*
5. Full Name of Mother *Margareth Fisher*
6. Mother's Maiden Name *Margareth Hack*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Anton Fisher*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this return *Dorothea Brune*
- Address *114 Battery St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

first
female

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

Oct 28th

4. Place of Birth (Street and Number)

309, Myrtle Ave

5. Full Name of Mother

Emma Louise Caroline

6. Mother's Maiden Name

7. Mother's Birthplace

Rainham Canada

8. Full Name of Father

Martin Luther Kleppisch

9. Father's Occupation

Hogdwine & Cutlery Merchant

10. Father's Birthplace

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return

Drumler

Address

60 Schroeder

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21529

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3^d*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *October 29th 1877*
4. Place of Birth (Street and Number) *74 Leadenhall Street*
5. Full Name of Mother *Maria Wiszner*
6. Mother's Maiden Name *" " Münch*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Louis Wiszner*
9. Father's Occupation *Shoemaker*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this return *Catharina Münch*
- Address *74 Leadenhall Street*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 21530

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *female*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *29 Oct. 1877*
4. Place of Birth (Street and Number) *160 Greenmount ave*
5. Full Name of Mother *Amelia Elliott*
6. Mother's Maiden Name *Parish*
7. Mother's Birthplace *md*
8. Full Name of Father *Charles Elliott*
9. Father's Occupation *loan maker*
10. Father's Birthplace *md*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Sara Parish*
- Address *160 Greenmount ave*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

215304



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 31 October 1877
4. Place of Birth (Street and Number) 108 Duncelm St
5. Full Name of Mother Mary Thompson
6. Mother's Maiden Name Mary Murphy
7. Mother's Birthplace Connicut
8. Full Name of Father John Thome
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore
Name of Medical Attendant, or other Person who makes this Return. Mrs O Leary - W Litley
Address 193 N Chester St
Remarks Healthy

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21331

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Six*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *Colored*

3. Date of Birth *October 29th 1877*

4. Place of Birth (Street and Number) *73 Landon Alley*

5. Full Name of Mother *Mrs. Rebecca Kellman*

6. Mother's Maiden Name *Harriet Ann Kays*

7. Mother's Birthplace *Baltimore, Md.*

8. Full Name of Father *Richard Kellman*

9. Father's Occupation *Blacksmith*

10. Father's Birthplace *Albert County, Md.*

Name of Medical Attendant, or other Person who makes this Return. *Henrietta Glaser*

Address *North Street & Colored*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21532

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th Child*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *Oct 29 1877*
4. Place of Birth (Street and Number) *At 321 S. Charles St.*
5. Full Name of Mother *Margarette Hamel*
6. Mother's Maiden Name *Matschmann*
7. Mother's Birthplace *Germany.*
8. Full Name of Father *Adams Hamel*
9. Father's Occupation *Cooper*
10. Father's Birthplace *Germany.*
- Name of Medical Attendant, or other Person who makes this return *J. Caprossor midwife*
- Address *213 Cross St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21533



To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd child*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *Oct 29th 1877*
4. Place of Birth (Street and Number) *Belair no number*
5. Full Name of Mother *Adeline Frank*
6. Mother's Maiden Name *Kuppel*
7. Mother's Birthplace *America*
8. Full Name of Father *Ignaz Frank*
9. Father's Occupation *Brewer*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this return *J. Schwab midwife*
- Address
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. As to their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21534

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)
2. Race or Color (if not of the white race)
3. Date of Birth
4. Place of Birth (Street and Number)
5. Full Name of Mother
6. Mother's Maiden Name
7. Mother's Birthplace
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this return

Address

Remarks

1st
Male
White
October 29th 1877
2816 Light St.
Gordelia F. Pateman
Gordelia Leonard
Baltimore
James B. Pateman
Policeman
Baltimore
Theodore Cooke Mrs.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21535

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st child*
1. Sex (state whether Male or Female) *female*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *October 4 1877*
4. Place of Birth (Street and Number) *Walters St 116*
5. Full Name of Mother *Mary Gill*
6. Mother's Maiden Name *Mary Asbury*
7. Mother's Birthplace *Baltimore City*
8. Full Name of Father *George Gill*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Baltimore City*
- Name of Medical Attendant, or other Person who makes this Return. *Rachel Ann Garrett*
- Address *400 Aliceanna St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21536



To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Child

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

October 29th 12 noon 1877

4. Place of Birth (Street and Number)

174 S. Ann St

5. Full Name of Mother

Virginia Adell Rogers

6. Mother's Maiden Name

Virginia S. Scarborough

7. Mother's Birthplace

Virginia

8. Full Name of Father

George William Rogers

9. Father's Occupation

Working man

10. Father's Birthplace

Baltimore City

Name of Medical Attendant,

or other Person who makes this Return.

James E. Dorrille M.D.

Address

299 E. Baltimore Street

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21537

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *fourth*
 1. Sex (state whether Male or Female) *Boil*
 2. Race or Color (if not of the white race) *White*
 3. Date of Birth *29 October*
 4. Place of Birth (Street and Number) *200 Forest St*
 5. Full Name of Mother *Marie Jenn.*
 6. Mother's Maiden Name *" " Trulan*
 7. Mother's Birthplace *Balto.*
 8. Full Name of Father *Jos. Trulan*
 9. Father's Occupation *Shoe-Coder*
 10. Father's Birthplace *Balto.*
 Name of Medical Attendant, or other Person who makes this Return. *J. Conrad*
 Address *20 Barnes St*
 Remarks

That any physician, apothecary, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21538

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sixth
Female

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

White

3. Date of Birth

October 20th 1877

4. Place of Birth (Street and Number)

No 104 Penn St

5. Full Name of Mother

M. H. R. Morris

6. Mother's Maiden Name

Mary Henrietta Ritchie

7. Mother's Birthplace

Baltimore Md

8. Full Name of Father

George Morris

9. Father's Occupation

Engineer

10. Father's Birthplace

Baltimore Md

Name of Medical Attendant, or other Person who makes this return

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21539

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

11th Child

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Oct. 29 1877

4. Place of Birth (Street and Number)

No. 544 Lexington St.

5. Full Name of Mother

Clara Alford

6. Mother's Maiden Name

Clara Jacobs

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Geo. C. Alford

9. Father's Occupation

Clerk

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address

J. P. Russell M.D.
1224 Hamilton Ave

Remarks

Child Healthy

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21540

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Oct. 29th 1877

4. Place of Birth (Street and Number)

163 W. Lombard St (Maternity)

5. Full Name of Mother

Sadie Robinson

6. Mother's Maiden Name

" " "

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Unknown

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

D^r Wm Lombel

Address

163 W. Lombard St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 27th October
4. Place of Birth (Street and Number) No. 584 Penn. Ave.
5. Full Name of Mother Lucinda Rebecca Catharine Hingling.
6. Mother's Maiden Name " " " Koenigsberg.
7. Mother's Birthplace Adams Co. Pa.
8. Full Name of Father Ephraim Hingling.
9. Father's Occupation Carpenter.
10. Father's Birthplace Carroll Co. Md.
- Name of Medical Attendant, or other Person who makes this Return. Charles A Geiger, M.D.
- Address No 267 Druid Hill Ave.
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21542

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2^d child.*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) _____
3. Date of Birth *29th of October*
4. Place of Birth (Street and Number) *No 99 Lemon St.*
5. Full Name of Mother *Caroline Kiner*
6. Mother's Maiden Name *Jung*
7. Mother's Birthplace *Baltimore.*
8. Full Name of Father *Adam Kiner.*
9. Father's Occupation *Baker*
10. Father's Birthplace *Germany.*
- Name of Medical Attendant, or other Person who makes this Return. *Anne Lindner.*
- Address *No 45. Monroe St. Balt.*
- Remarks _____

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21543

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *29 Oct 1877*
4. Place of Birth (Street and Number) *3 Little Grand*
St. James Wedding
5. Full Name of Mother *Mrs. Mary*
W. S.
6. Mother's Maiden Name *Mary Wedding*
Kelmer
7. Mother's Birthplace *U.S.*
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace *U.S.*
- Name of Medical Attendant, or other Person who makes this return *Sarah Casper*
525. Lombard
- Address
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the full name of the mother of such child or children.

RETURN OF A BIRTH.

21544

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd Child

1. Sex (state whether ~~Male~~ or Female)

2. Race or Color (if not of the white race)

White

3. Date of Birth

October the 29. 1877

4. Place of Birth (Street and Number)

S. Dallas St. No. 2

5. Full Name of Mother

Mollie Brown

6. Mother's Maiden Name

Mollie Brown

7. Mother's Birthplace

Baltimore City

8. Full Name of Father

{ }

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this return

Mary E. Muller

Address

N. Dallas St. No. 26.

Remarks

Dead born

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

21545

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) white
3. Date of Birth Ept of October
4. Place of Birth (Street and Number) 351 E. Glenwood
5. Full Name of Mother Mary Ann Hirsch
6. Mother's Maiden Name Mary Ann Foster
7. Mother's Birthplace Baltimore
8. Full Name of Father Augustus Hirsch
9. Father's Occupation hunter
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address 92 N. Eutaw St

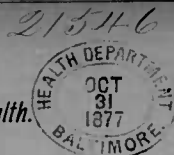
Remarks

J. Schmitt M.D.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *October 27th 1877*

4. Place of Birth (Street and Number) *No. 1 Jackson Court*

5. Full Name of Mother *Margaretta. Reiss*

6. Mother's Maiden Name *Kitzinger*

7. Mother's Birthplace *Baltimore city*

8. Full Name of Father *August. Reiss*

9. Father's Occupation *Copper*

10. Father's Birthplace *Baltimore City*

Name of Medical Attendant, or other Person who makes this Return.

Address *Miss Merritt 60 Lerch St*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21547

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

3. Date of Birth

Oct 29th 1877

4. Place of Birth (Street and Number)

156 S. Register

5. Full Name of Mother

Marguertha Meyer

6. Mother's Maiden Name

Andress

7. Mother's Birthplace

City

8. Full Name of Father

Heinrich Meyer

9. Father's Occupation

Cooper

10. Father's Birthplace

City

Name of Medical Attendant, or other Person who makes this return

Mrs Elizabeth Buschmann

Address.

120 Bank St

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar forthwith, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

7

1. Sex (state whether Male or Female)

Boy

2. Race or Color (if not of the white race)

White

3. Date of Birth

October 29 1877

4. Place of Birth (Street and Number)

208 Durran St

5. Full Name of Mother

Josephine Saviner

6. Mother's Maiden Name

Josephine Williams

7. Mother's Birthplace

Baltimore

8. Full Name of Father

George Saviner

9. Father's Occupation

Labour

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs Louisa Smith

Address

The child is healthy

Remarks

Name of the child George Saviner

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Colored
3. Date of Birth October 29, 1877
4. Place of Birth (Street and Number) No. 14. Glenview Baltimore Md
5. Full Name of Mother Josephine Thea Baum
6. Mother's Maiden Name Josephine Resney
7. Mother's Birthplace Baltimore
8. Full Name of Father Thomas William
9. Father's Occupation Driver
10. Father's Birthplace No. 15th Street, Md.
- Name of Medical Attendant, or other Person who makes this Return. Dr. J. H. H. H.
- Address No. 14 Glenview St
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Record
Male
Caucasian
October 29, 1877
10.10 Register St. Baltimore
Margaret Smith
Margaret Smith
Baltimore
Thomas Smith
Laborer
Baltimore
John A. Miller
10.10 Register St. Baltimore

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

21337

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

2nd
Male

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

White

3. Date of Birth

Oct. 29 - 1877 -

4. Place of Birth (Street and Number)

931 W. Balt. St.

5. Full Name of Mother

Mrs. Sarah Grady Bradrick

6. Mother's Maiden Name

Grady

7. Mother's Birthplace

Elizabeth City, N. C.

8. Full Name of Father

Mr. C. Bradrick

9. Father's Occupation

Merchant

10. Father's Birthplace

Havana - N. Y.

Name of Medical Attendant, or other Person who makes this Return.

Wm. W. Manning M.D.

Address

101 N. Carey St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21552

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Oct. 30th. 1877

4. Place of Birth (Street and Number)

139 North Perry

5. Full Name of Mother

Mary Keerehorn

6. Mother's Maiden Name

Notzman

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Simon Keerehorn

9. Father's Occupation

Lager Maker

10. Father's Birthplace

Meißen Westphalia Germany

Name of Medical Attendant, or other Person who makes this Return.

Eliel C Price M.D.

Address

262 Madison St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born to or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

21533

A circular ink stamp from the Health Department of Baltimore. The outer ring of the stamp contains the text "HEALTH DEPARTMENT" at the top and "BALTIMORE." at the bottom. In the center of the stamp, the date "NOV 3 1877" is stamped in three lines.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth ~~Dec 60~~ Stiles St. Oct. 30th 1877
4. Place of Birth (Street and Number) No 60 Stiles St.
5. Full Name of Mother Cate Sauer
6. Mother's Maiden Name Fisher
7. Mother's Birthplace Balto. City
8. Full Name of Father John Sauer
9. Father's Occupation Cooper
10. Father's Birthplace Balto. Ind
- Name of Medical Attendant, or other Person who makes this Return. Francis A. Sauer M.D.
- Address 105 W. Central Avenue.
- Remarks

RETURN OF A BIRTH.

21554

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *6th*
1. Sex (state whether Male or Female) *female*
2. Race or Color (if not of the white race) *wht*
3. Date of Birth *Oct. 30. 1877*
4. Place of Birth (Street and Number) *196 Constitution st.*
5. Full Name of Mother *Kate Cockerly*
6. Mother's Maiden Name *" Johnson*
7. Mother's Birthplace *Penna -*
8. Full Name of Father *Geo. W. Cockerly*
9. Father's Occupation *Engineer on A. C. C. R. W.*
10. Father's Birthplace *Penna -*
- Name of Medical Attendant, or other Person who makes this Return. *Adeline Tawneyhill*
- Address *129 W. Biddle St -*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 30 October
4. Place of Birth (Street and Number) 63 Bond Street
5. Full Name of Mother Laura Michiel
6. Mother's Maiden Name Balter
7. Mother's Birthplace Baltimore
8. Full Name of Father Antony Michiel
9. Father's Occupation foreigner
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this return Sophie Simon
- Address Chapin Laundry street
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21556

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Fourth*
 1. Sex (state whether Male or Female) *Female*
 2. Race or Color (if not of the white race) *White*
 3. Date of Birth *October 30th 1877*
 4. Place of Birth (Street and Number) *No 42 Jackson Street*
 5. Full Name of Mother *Sarah Keith*
 6. Mother's Maiden Name *Sarah Helso*
 7. Mother's Birthplace *Baltimore M. D.*
 8. Full Name of Father *George W. Keith*
 9. Father's Occupation *Stone Mason*
 10. Father's Birthplace *Montgomery Co. Md*
 Name of Medical Attendant, or other Person who makes this Return. *Thomas J. Evans M. D.*
 Address *No 42 Jackson Place*
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) colored
3. Date of Birth October 30 1877
4. Place of Birth (Street and Number) 1 Cohens Alley
5. Full Name of Mother Laura Johnson
6. Mother's Maiden Name
7. Mother's Birthplace Andrick County
8. Full Name of Father Abraham Johnson
9. Father's Occupation waiter
10. Father's Birthplace Philadelphia Pa
- Name of Medical Attendant, or other Person who makes this Return Hester Bradley Doehess
- Address 85 Orchard Street
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, be or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

21558

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Oct 30th 1877
4. Place of Birth (Street and Number) 99 Franklin St Balto.
5. Full Name of Mother Mary E. Edwards
6. Mother's Maiden Name Mary E. Harriman
7. Mother's Birthplace Baltimore City
8. Full Name of Father Thos. J. Edwards
9. Father's Occupation Teacher in Public School
10. Father's Birthplace Westmoreland Co. Virginia
- Name of Medical Attendant, or other Person who makes this Return. Dr. H. B. Powell M.D.
- Address 87 Franklin St.
- Remarks

No 234.

RETURN OF A BIRTH.

21539

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 86
 1. Sex (state whether Male or Female) female
 2. Race or Color (if not of the white race) white
 3. Date of Birth Oct. 30, 1877
 4. Place of Birth (Street and Number) W. Lombard St. No. 379.
 5. Full Name of Mother Josephine Schmidt.
 6. Mother's Maiden Name Schütz
 7. Mother's Birthplace Lempfen Baden
 8. Full Name of Father Johann Schmidt.
 9. Father's Occupation butcher
 10. Father's Birthplace Hesse-Darmstadt
 Name of Medical Attendant, or other Person who makes this return Mrs. Johanna Kneppach
 Address South Wolfe St. No. 28.
 Remarks

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21560



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth The 30 of October
4. Place of Birth (Street and Number) No 250 East Chase St
5. Full Name of Mother Clara Hennig
6. Mother's Maiden Name Clara Engdinger
7. Mother's Birthplace Baltimore
8. Full Name of Father Jos. W. Engdinger
9. Father's Occupation Letter
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Mr. Lauer
- Address 173 173 Harford ave.
- Remarks

For Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Mary Walker
Baltimore
125 N. Caroline

RETURN OF A BIRTH.

21561



To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *30th Oct 1877.*
4. Place of Birth (Street and Number) *28th of M^{rs} Eldry.*
5. Full Name of Mother *J. Rogers.*
6. Mother's Maiden Name *J. Riley.*
7. Mother's Birthplace *Baltimore City.*
8. Full Name of Father *John Rogers.*
9. Father's Occupation *Adams Express.*
10. Father's Birthplace *Baltimore City.*
- Name of Medical Attendant, or other Person who makes this Return. *Mary Walker.*
- Address *125 N. Caroline.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21562

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Thirteenth*
 1. Sex (state whether Male or Female) *Female*
 2. Race or Color (if not of the white race) *White*
 3. Date of Birth *30 Oct.*
 4. Place of Birth (Street and Number) *31. Barnes St.*
 5. Full Name of Mother *Josephine Wislot.*
 6. Mother's Maiden Name *" " Paruska*
 7. Mother's Birthplace *Welleschitz*
 8. Full Name of Father *A. R. Wislot.*
 9. Father's Occupation *Tailor*
 10. Father's Birthplace *Nadepkor*
 Name of Medical Attendant, or other Person who makes this Return. *J. Conrad*
 Address *20 Barnes St.*
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21563



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th Child

1. Sex (state whether ~~Male~~ or Female)

2. Race or Color (if not of the white race)

White

3. Date of Birth

October the 30th 1877

4. Place of Birth (Street and Number)

Barth St. No. 10.

5. Full Name of Mother

Karoline Ludwig

6. Mother's Maiden Name

Karoline Feibel

7. Mother's Birthplace

Baltimore City

8. Full Name of Father

Theodor Ludwig

9. Father's Occupation

Blacksmith

10. Father's Birthplace

Baltimore City

Name of Medical Attendant, or other Person who makes this return

Mary E. Muller

Address

N. Falls St. No. 10,

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21564



To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. Oct 30th 1877.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex (state whether Male or Female) *Male*
 2. Race or Color (if not of the white race) *White*
 3. Date of Birth *Oct 30th 1877*
 4. Place of Birth (Street and Number) *416 Chester St.*
 5. Full Name of Mother *Kate Michemister*
 6. Mother's Maiden Name *Kate Michemister*
 7. Mother's Birthplace *Germany*
 8. Full Name of Father *John Michemister*
 9. Father's Occupation *Barber*
 10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this return *Mrs. Mary McDonald*
- Address *157 N. Wolfe St.*
- Remarks *ffs*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21565

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Oct 30th 1877
4. Place of Birth (Street and Number) No 118 S. Anne st
5. Full Name of Mother Lizzie Haufe
6. Mother's Maiden Name " " Block
7. Mother's Birthplace Germany
8. Full Name of Father August Haufe
9. Father's Occupation Book
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Dr. G. E. G. G.
- Address No 58 - S. Bond st
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21566

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *October 4th 30th 1877*
4. Place of Birth (Street and Number) *186 Eastern ave*
5. Full Name of Mother *Nelle Sommer*
6. Mother's Maiden Name *Dinstner*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Fredrich Sommer*
9. Father's Occupation *Bottler*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this return *Louise Kraft*
- Address
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21567

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *one Child one mother*
1. Sex (state whether Male or Female) *Female Child*
2. Race or Color (if not of the white race) *Colored Race*
3. Date of Birth *Oct the 30 1877*
4. Place of Birth (Street and Number) *Mardonnet St 265 Baltimore*
5. Full Name of Mother *Hester Hooffer*
6. Mother's Maiden Name *Hester Kornish*
7. Mother's Birthplace *Dorchester Co Md*
8. Full Name of Father *Peter Hooffer*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Dorchester County Md*
- Name of Medical Attendant, or other Person who makes this Return. *Lurinda Woolford*
- Address *Register St 130 Baltimore Md*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



21568

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second Female

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

October 30 1877

4. Place of Birth (Street and Number)

N. 229 N. Bond St

5. Full Name of Mother

Laura V. French

6. Mother's Maiden Name

Laura V. Gaunt

7. Mother's Birthplace

Balt. Md

8. Full Name of Father

Charles F. French

9. Father's Occupation

Hotel Maker

10. Father's Birthplace

Balt. Md

Name of Medical Attendant, or other Person who makes this Return.

Mary A. Allwell

Address

286 McLenough St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born; its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21569

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this return

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21570



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Oct. 31st

4. Place of Birth (Street and Number) Columbiad 18

5. Full Name of Mother Martha Gottfried

6. Mother's Maiden Name Cornelius

7. Mother's Birthplace Baltimore

8. Full Name of Father George Gottfried

9. Father's Occupation Cigar man and packer

10. Father's Birthplace Easton, Penn

Name of Medical Attendant, or other Person who makes this return Wm. H. H. H.

Address 325 S. Center St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21571

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Oct 31 1877
4. Place of Birth (Street and Number) 429 Central Av.
5. Full Name of Mother Maria Klemm
6. Mother's Maiden Name Maria Roholt
7. Mother's Birthplace German
8. Full Name of Father Felix Julius Klemm
9. Father's Occupation Baker
10. Father's Birthplace German
- Name of Medical Attendant, or other Person who makes this Return. M. R. Reutiger
- Address 134 W. Bond Street
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accouchement, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21572

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *3rd*
1. Sex (state whether Male or Female) *female*
2. Race or Color (if not of the white race) *black*
3. Date of Birth *31. Oct. 1877.*
4. Place of Birth (Street and Number) *161 W. Hoffman St*
5. Full Name of Mother *Anna Clash*
6. Mother's Maiden Name *" Hellerns*
7. Mother's Birthplace *Va*
8. Full Name of Father *John Clash*
9. Father's Occupation *coachman*
10. Father's Birthplace *Md.*
- Name of Medical Attendant, or other Person who makes this Return. *G. L. Toneyhill*
- Address *129 W. Biddle -*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21573

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *9th Child*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race)
3. Date of Birth *Oct 31st 1877*
4. Place of Birth (Street and Number) *No 82 Baden Hall St.*
5. Full Name of Mother *Anna Arnold*
6. Mother's Maiden Name *Schmidt*
7. Mother's Birthplace *America*
8. Full Name of Father *Heinrich Arnold*
9. Father's Occupation *Carpenter*
10. Father's Birthplace *America*
- Name of Medical Attendant, or other Person who makes this return *J. Schwaeser midwife*
- Address *213 Brass St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No 235.

RETURN OF A BIRTH.

21574

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *Oct. 31. 1877*
4. Place of Birth (Street and Number) *S. Schappalsky St No 69.*
5. Full Name of Mother *Margaretha Kraus*
6. Mother's Maiden Name *Bremer*
7. Mother's Birthplace *Frisen Bremen*
8. Full Name of Father *Andreas Kraus*
9. Father's Occupation *carpenter*
10. Father's Birthplace *Hetschendorf Bremen*
- Name of Medical Attendant, or other Person who makes this return *Mr. J. H. Kraus, Physician*
- Address *South Wall St No 28*
- Remarks *live wife*

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Male

Colored

October 31. 1877

No 181 S. Howard St. Baltimore

Caroline Miladia Chase

Caroline Miladia Chase

Baltimore City

Samuel W. Chase

Contractor

Baltimore City

Mrs. Miladia Chase

No 181 York St

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21576

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *October 31st 1877*
4. Place of Birth (Street and Number) *S. W. Co. Lombard 2d Church St*
5. Full Name of Mother *Eda Ann Webster*
6. Mother's Maiden Name *Eda Ann Beasley*
7. Mother's Birthplace *Baltimore City*
8. Full Name of Father *Harry Reiner Webster*
9. Father's Occupation *Book-keeper*
10. Father's Birthplace *Baltimore City*
- Name of Medical Attendant, or other Person who makes this Return. *G. L. Lusk*
- Address *W. J. Lusk*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21577

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Oct. 31st 1877

4. Place of Birth (Street and Number)

136 N. Schroeder St.

5. Full Name of Mother

Laura C. Adams

6. Mother's Maiden Name

Daiser

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Rev. W. Adams

9. Father's Occupation

Shoemaker

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

R. C. Lee

Address

N. W. on Hanover & Barr Sts.

Remarks

That any physician, nurse, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

21378



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth October 31 1877
4. Place of Birth (Street and Number) No 718 W Lombert St
5. Full Name of Mother Maria Albough
6. Mother's Maiden Name Maria Brant
7. Mother's Birthplace Baltimore
8. Full Name of Father Demitt Albough
9. Father's Occupation Painter
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs E Sinclair
- Address No 59 Fredrik St
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21579



To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd child*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *21st of October 1877*
4. Place of Birth (Street and Number) *95 South Chappel st*
5. Full Name of Mother *Patricia Greenla*
6. Mother's Maiden Name *Balwin's clay*
7. Mother's Birthplace *Germany*
8. Full Name of Father *John Friday*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this return *Greenfield Kimmel*
- Address *112 North Chappel st*
- Remarks *Healthy*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21580

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3^d

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

3. Date of Birth

Oct 31st 1877

4. Place of Birth (Street and Number)

414 Madison Ave

5. Full Name of Mother

Catherina Deyel

6. Mother's Maiden Name

Wolk

7. Mother's Birthplace

Germany

8. Full Name of Father

Michael Deyel

9. Father's Occupation

white washer

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this return

Mrs Elizabeth Buschmann
120 Bank str;

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or
 advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid,
 within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children
 born, its or their physical condition, whether still born or not, the full name, nativity, and residence of
 the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21384



To the Office of Registrar of Vital Statistics, Board of Health
 BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3d.*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *Oct 31st. 1877*
4. Place of Birth (Street and Number) *537 E Fayette Str.*
5. Full Name of Mother *Rose Passagway*
6. Mother's Maiden Name *Schneider*
7. Mother's Birthplace *City*
8. Full Name of Father *Isaac Passagway*
9. Father's Occupation *Tanner*
10. Father's Birthplace *City*
- Name of Medical Attendant, or other Person who makes this return *Mrs Elizabeth Buchmann*
- Address *127 Bank Str.*
- Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, apothecary, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21582

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race)
3. Date of Birth *Oct 31st 1877*
4. Place of Birth (Street and Number) *No 19 S Ann str*
5. Full Name of Mother *Caroline Miller*
6. Mother's Maiden Name *" Fuchs*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Bernhard Miller*
9. Father's Occupation *Provisioner*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this return *Mrs Elizabeth Buschman*
- Address *120 Bank str*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born; its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21553

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

9th
Male

White

~~5 S. Whatcomb St~~ Nov. 31/77

5 S. Whatcomb St

Mrs. Ellen Murphy

Murphy

Co. Roscommon - Ireland

Thos. Murphy

Co. Roscommon - Ireland

Wm. V. Murphy M.D.

10 V. Court St

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21584

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *the second child*
1. Sex (state whether Male or Female) *male*
2. Race or Color (if not of the white race) *colored*
3. Date of Birth *october the 31 1877*
4. Place of Birth (Street and Number) *Baltimore 438 State Street*
5. Full Name of Mother *Kathleen Thornton*
6. Mother's Maiden Name *Kathleen Foley*
7. Mother's Birthplace *Armstrong County Pa.*
8. Full Name of Father *Charles Thornton*
9. Father's Occupation *Porter*
10. Father's Birthplace *Lancaster County*
- Name of Medical Attendant, or other Person who makes this Return. *Spencer Drury*
- Address *No 276 South Howard Street*
- Remarks

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21585

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *3rd child*
 1. Sex (state whether Male or Female) *female*
 2. Race or Color (if not of the white race) *Caucasian*
 3. Date of Birth *21 Oct. 1877*
 4. Place of Birth (Street and Number) *Baltimore City*
 5. Full Name of Mother *Laura Taylor*
 6. Mother's Maiden Name *Laura Taylor*
 7. Mother's Birthplace *Baltimore City*
 8. Full Name of Father *George Taylor*
 9. Father's Occupation *Porter*
 10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Charles Wilson*
- Address *37 North Street*
- Remarks *Marked as a child of the mother*

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accouchour, midwife, or other person in charge, who shall attend, might advise at the birth of any child, within the City of Baltimore, shall report to the registrar of vital statistics within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, pativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.



To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Second Child*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Oct. 31st 1877*
4. Place of Birth (Street and Number) *No. 1808 Duncanson Alley*
5. Full Name of Mother *Mary O'Brien*
6. Mother's Maiden Name *Murphy*
7. Mother's Birthplace *Canada*
8. Full Name of Father *John O'Brien*
9. Father's Occupation *Sapper*
10. Father's Birthplace *Baltimore City*
- Name of Medical Attendant, or other Person who makes this Return. *M. J. Gandy*
- Address *24 H St.*
- Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, so concerned to raise at the birth of any child, within six days thereafter, stating date of birth, its or their physical condition, the parents, and the maiden name of

wife, or other person in charge, who shall attend, assist the City of Baltimore, shall report to the register, after the date of birth, sex, and color, of the child on birth, whether born or not, the full name, nativity, and residence of the child or children.

RETURN OF A BIRTH.

127387

HEALTH DEPARTMENT
DEC 10 1877
BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)..... Male

Race or Color (if not of the white race)

Date of Birth 15 November

Place of Birth (Street and Number) ... 14021 E 4

Full Name of Mother. Mr. J. H. 420 412 (7)

5. Mother's Maiden Name McMullen

7. Mother's Birthplace *Kallitully*

8. Full Name of Father *Wm. Brock Fisher*

9. Father's Occupation at the year

10. Father's Birthplace near W. Mass.

Name of Medical Attendant, or other Person who makes this return

Address

Remarks

W. L. C. DELANEY & CO. CITY PRINTERS AND STATIONERS.

Recommendations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21588

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- | No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | Sex | Race or Color (if not of the white race) | Date of Birth | Place of Birth (Street and Number) | Full Name of Mother | Mother's Maiden Name | Mother's Birthplace | Full Name of Father | Father's Occupation | Father's Birthplace | Name of Medical Attendant, or other Person who makes this Return. | Address | Remarks |
|--|--------|--|-------------------------------|------------------------------------|---------------------|----------------------|---------------------|---------------------|---------------------|---------------------|---|---------|---------|
| 1. Sex (state whether Male or Female) | Female | White | November 1 st 1877 | 214 Corkbie St. Laurel Bk. | Regina Hammett Dean | Regina Hammett | Germany | James Dean | laborer | Ireland | D. L. Quinlan | Call | |

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*
1. Sex (state whether Male or Female) *male*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *1st Nov 1877*
4. Place of Birth (Street and Number) *194 Bond St*
5. Full Name of Mother *Caroline Schweizer*
6. Mother's Maiden Name *Caroline Scherer*
7. Mother's Birthplace *Germany*
8. Full Name of Father *John Schweizer*
9. Father's Occupation *Sailor*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this return *Largh Barker*
- Address *526 Lombard St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex (state whether Male or Female) *male*
2. Race or Color (if not of the white race)
3. Date of Birth *1st Nov 1877*
4. Place of Birth (Street and Number) *84 Broadway*
5. Full Name of Mother *Lizzie Sherman*
6. Mother's Maiden Name *Lizzie Liebold*
7. Mother's Birthplace *Germany*
8. Full Name of Father *John Sherman*
9. Father's Occupation *grocer*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this return *Sarah Cooper*
- Address *52 E Lombard Str*
- Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21591

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

Col'd

3. Date of Birth

Nov 14 1887

4. Place of Birth (Street and Number)

1. Chapel Alley

5. Full Name of Mother

Suey Robuck

6. Mother's Maiden Name

Virginia

7. Mother's Birthplace

Do

8. Full Name of Father

Do

9. Father's Occupation

Do

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this return

Gallie Creates

Address

5 Ivory Alley

Remarks

This child lived about 6 hours and died from weakness being premature

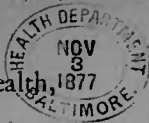
Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. Nov 2nd 1877.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 11 5 1877

4. Place of Birth (Street and Number) 147 Bank St.

5. Full Name of Mother Sizzie Fleckenstein

6. Mother's Maiden Name Sizzie Schneek

7. Mother's Birthplace America

8. Full Name of Father Jacob Fleckenstein

9. Father's Occupation Police

10. Father's Birthplace America

Name of Medical Attendant, or other Person who makes this return

Address 18 232 Wolfe St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.



To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. Nov. 2nd 1877.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. Sex (state whether Male or Female) Male.

2. Race or Color (if not of the white race) White.

3. Date of Birth Nov. 7th 1877.

4. Place of Birth (Street and Number) 46 Gough St.

5. Full Name of Mother Maria Miller.

6. Mother's Maiden Name Maria Lange.

7. Mother's Birthplace America.

8. Full Name of Father John Miller.

9. Father's Occupation Laborer.

10. Father's Birthplace America.

Name of Medical Attendant, or other Person who makes this return Mrs. Mary Ann D.

Address No. 137 Maple St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6.

1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race) White.
3. Date of Birth Nov. 1st 1877.
4. Place of Birth (Street and Number) 178 Register St.
5. Full Name of Mother Estie Rechner.
6. Mother's Maiden Name Estie Stengel.
7. Mother's Birthplace Germany.
8. Full Name of Father Conrad Rechner.
9. Father's Occupation Laborer.
10. Father's Birthplace Germany.

Name of Medical Attendant, or other Person who makes this return Mrs. Maria Amend.

Address 137 Wolfe St.

Remarks HL

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th
 1. Sex (state whether Male or Female) Female
 2. Race or Color (if not of the white race) White
 3. Date of Birth 1 Nov
 4. Place of Birth (Street and Number) 52 Port-Land St.
 5. Full Name of Mother Emma Stichel
 6. Mother's Maiden Name Kaepler
 7. Mother's Birthplace Hessen-Darmstadt
 8. Full Name of Father August Stichel
 9. Father's Occupation Bookbinder
 10. Father's Birthplace Hertzogthum Homburg
 Name of Medical Attendant, or other Person who makes this return Mary Kaepler
 Address 328 S. Barton St.
 Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21596

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th child*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race)
3. Date of Birth *Nov 1st 1877*
4. Place of Birth (Street and Number) *Belair av. no number*
5. Full Name of Mother *Mary Tekler*
6. Mother's Maiden Name *Telle*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Emil Tekler*
9. Father's Occupation *Brewkeeper*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this return *J. Schaeffer midwife*
- Address *213 Soles st.*
- Remarks

Enactment Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Baltimore*
 1. Sex (state whether Male or Female) *in yellow*
 2. Race or Color (if not of the white race) *it is white race*
 3. Date of Birth *1st November 1877*
 4. Place of Birth (Street and Number) *Baltimore ann st No 255*
 5. Full Name of Mother *Mary Trotter*
 6. Mother's Maiden Name *Wheaton*
 7. Mother's Birthplace *Switzer*
 8. Full Name of Father *Geo Wheaton*
 9. Father's Occupation *lab boy*
 10. Father's Birthplace *York*
 Name of Medical Attendant, or other Person who makes this Return. *Mary Brewster*
 Address *No 69 Wistow St*
 Remarks *Baltimore Md*

21597

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21598

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

3. Date of Birth

November 1st 1877

4. Place of Birth (Street and Number)

No 52 Warren Ave.

5. Full Name of Mother

Margarett Louisa Sanders.

6. Mother's Maiden Name

Margarett Louisa Sumwalt.

7. Mother's Birthplace

Baltimore

8. Full Name of Father

M. A. Sanders

9. Father's Occupation

Salesman

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this return

Mrs Jane Winnelberger

Address

No 23 N. Liberty St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar & forward, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No 238.

RETURN OF A BIRTH.

21599



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

white

3. Date of Birth

Nov. 1. 1877

4. Place of Birth (Street and Number)

S. Register No. 22.

5. Full Name of Mother

Margaretha Wernsdorfer

6. Mother's Maiden Name

Jehaold

7. Mother's Birthplace

Trausdorf, Prussia

8. Full Name of Father

Johann Wernsdorfer

9. Father's Occupation

Boothmaker

10. Father's Birthplace

Trausdorf, Prussia

Name of Medical Attendant, or other Person who makes this return

Mrs. Johanna Prunpach

Address

South Wolfe's Alley

Remarks

W. C. W. W.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8
1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) white
3. Date of Birth November 1, 1877 Baltimore
4. Place of Birth (Street and Number) 6 1/2 Binner
5. Full Name of Mother Francis Ellen Moxley
6. Mother's Maiden Name Francis Ellen Ellison
7. Mother's Birthplace Baltimore city
8. Full Name of Father Walter Moxley
9. Father's Occupation brick layer
10. Father's Birthplace Baltimore city
- Name of Medical Attendant, or other Person who makes this Return. Mary Conner 153
- Address chopstank st
- Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *November 1st 1877*

4. Place of Birth (Street and Number) *57 S. Bond St*

5. Full Name of Mother *Elnora Hansen*

6. Mother's Maiden Name *" " Hughes*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *John Hansen*

9. Father's Occupation *Plumber*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Mr. Gekker*

Address *75 S. Bond St*

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21602

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Nov 1st 1877*

4. Place of Birth (Street and Number) *Baltimore Baltimore St. No 164*

5. Full Name of Mother *Rose Walters*

6. Mother's Maiden Name *Miller*

7. Mother's Birthplace *Howard County*

8. Full Name of Father *John Walters*

9. Father's Occupation *Printer*

10. Father's Birthplace *Howard County*

Name of Medical Attendant, or other Person who makes this return *Mrs. C. Mitchell*

Address *No. 123 Park St*

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21603

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*
1. Sex (state whether Male or Female) *female*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *November 1st*
4. Place of Birth (Street and Number) *59. Cross Street*
5. Full Name of Mother *Idia. Bell. Carr*
6. Mother's Maiden Name *More*
7. Mother's Birthplace *Tolbert county*
8. Full Name of Father *William Henry Carr*
9. Father's Occupation *Labour*
10. Father's Birthplace *Leicester county*
- Name of Medical Attendant, or other Person who makes this Return. *Caroline Fisher*
- Address *No 7 Housesess Court*
- Remarks *Midwife*

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *17th*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Nov. 1, 1877.*
4. Place of Birth (Street and Number) *313 Hoffman St.*
5. Full Name of Mother *Theresa Drexel*
6. Mother's Maiden Name *Mannstadt*
7. Mother's Birthplace *Maryland*
8. Full Name of Father *Hermann Drexel*
9. Father's Occupation *Tailor*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Dr H. P. Morgan*
- Address *175 Zara Toga St.*
- Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) M 6

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Mar 1 1877

4. Place of Birth (Street and Number) old 155 Washington st

5. Full Name of Mother Mrs Mary T Tavel

6. Mother's Maiden Name Barber

7. Mother's Birthplace Balto

8. Full Name of Father Mr Robert Tavel

9. Father's Occupation City Port

10. Father's Birthplace Balto

Name of Medical Attendant, or other Person who makes this Return. Mrs Sarah Harington

Address old 67 Cambridge st

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

21606

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th Child*
1. Sex (state whether Male or Female) _____
2. Race or Color (if not of the white race) *White*
3. Date of Birth *November the 1. 1877*
4. Place of Birth (Street and Number) *Eastern Av. No. 102*
5. Full Name of Mother *Frederick Spinner*
6. Mother's Maiden Name *Peter L. Frederike Flyber*
7. Mother's Birthplace *Wyloruppe Sludgard W. Wurtemberg, Germany*
8. Full Name of Father *Peter Spinner*
9. Father's Occupation *Bricklayer*
10. Father's Birthplace *Olisch. Switzerland Europa*
- Name of Medical Attendant, or other Person who makes this return *Harry E. Muller*
- Address *N. Dallas St. No. 26.*
- Remarks *dead born*

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

21607



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth November 18th
4. Place of Birth (Street and Number) 172 N. Eyles St
5. Full Name of Mother Anne M C Comb
6. Mother's Maiden Name M C Vermolt
7. Mother's Birthplace Baltimore
8. Full Name of Father Samuel M C Comb
9. Father's Occupation Clerk
10. Father's Birthplace Ireland
- Name of Medical Attendant, or other Person who makes this Return. Wm Whitridge M D.
- Address
- Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21608

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) colored
3. Date of Birth november 17. 1877
4. Place of Birth (Street and Number) Bolton Alley
5. Full Name of Mother Elizabeth Reed
6. Mother's Maiden Name Elizabeth Reed
7. Mother's Birthplace Hagerstown M. D.
8. Full Name of Father John W. Reed
9. Father's Occupation Labor
10. Father's Birthplace Anne Arundel county
- Name of Medical Attendant, or other Person who makes this Return. Hester Bradley Doctress
- Address 75 Orchard street
- Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. He or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

21609

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) M.

2. Race or Color (if not of the white race) W.

3. Date of Birth Nov. 2^d 1877.

4. Place of Birth (Street and Number) 124 W. Eden St.

5. Full Name of Mother Anna

6. Mother's Maiden Name Wiley

7. Mother's Birthplace City

8. Full Name of Father Chas. Brown

9. Father's Occupation Drayman

10. Father's Birthplace Calif.

Name of Medical Attendant, or other Person who makes this Return. H. T. Reynolds M.D.

Address 186 Ainsworth St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

21610

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Apr 2nd 1877*
4. Place of Birth (Street and Number) *117 234 William*
5. Full Name of Mother *Caroline Meyer*
6. Mother's Maiden Name *Caroline Lerdung*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Joseph Meyer*
9. Father's Occupation *Cigar Maker*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Catherine Warner*
- Address *No 106 West St*
- Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1 Born 1 Born*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White race*
3. Date of Birth *Tuesday, Nov 2, 77*
4. Place of Birth (Street and Number) *Cor. Fayette & Charles St.*
5. Full Name of Mother *Esther M. Burrows*
6. Mother's Maiden Name *Esther M. Burrows*
7. Mother's Birthplace *Born in Germany*
8. Full Name of Father *Charles Schumacher*
9. Father's Occupation *Provisions & Liquors Store*
10. Father's Birthplace *Born in Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Mary Kaptish*
- Address *69 W. 1st St.*
- Remarks *Baltimore Md*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth November 2nd 1877

4. Place of Birth (Street and Number) No. 107 1/2 N. Schroder

5. Full Name of Mother Mary H. Coleman

6. Mother's Maiden Name Mary H. Taylor

7. Mother's Birthplace Baltimore

8. Full Name of Father Charles C. Coleman

9. Father's Occupation Artist

10. Father's Birthplace Washington D. C.

Name of Medical Attendant, or other Person who makes this Return Mrs. Mercer

Address 136 McHenry St. Baltimore

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

21613



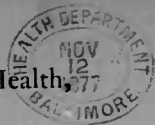
To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race)
3. Date of Birth *Nov. 2^d 1877*
4. Place of Birth (Street and Number) *No 6 N. Bond st*
5. Full Name of Mother *Katherine Rapan*
6. Mother's Maiden Name *Rapp*
7. Mother's Birthplace *City*
8. Full Name of Father *Daniel Rapan*
9. Father's Occupation *Bookbinder*
10. Father's Birthplace *Wales*
- Name of Medical Attendant, or other Person who makes this return *Mrs Elizabeth Buschman*
- Address *129 Bond St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

3. Date of Birth

2nd Nov 1877

4. Place of Birth (Street and Number)

10 Lombard St.

5. Full Name of Mother

Annie Alendon

6. Mother's Maiden Name

Annie Welch

7. Mother's Birthplace

U. States

8. Full Name of Father

Ben Alendon

9. Father's Occupation

Workingman

10. Father's Birthplace

United States

Name of Medical Attendant, or other Person who makes this return

Sarah Casper

Address

526 Lombard St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

21615

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th Child
 1. Sex (state whether Male or Female) Male
 2. Race or Color (if not of the white race) White
 3. Date of Birth November 2nd 1877
 4. Place of Birth (Street and Number) Belair road near Bondary Avenue
 5. Full Name of Mother Brigette Auralia Bauer
 6. Mother's Maiden Name Götz
 7. Mother's Birthplace Grimels-Hoffen Germany
 8. Full Name of Father Gottlieb Bauer
 9. Father's Occupation Bier Brewer
 10. Father's Birthplace Wittenburgh Germany
 Name of Medical Attendant, or other Person who makes this Return. Francis A. F. Jones M.D.
 Address 105 N. Central Avenue
 Remarks The house has no name.

21616
That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Tenth

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

Colored

3. Date of Birth

November 2nd 1877

4. Place of Birth (Street and Number)

No 101 Lee St.

5. Full Name of Mother

Sarah E. Scott.

6. Mother's Maiden Name

Sarah E. Sonell.

7. Mother's Birthplace

Baltimore

8. Full Name of Father

John Scott.

9. Father's Occupation

Brickmaker

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this return

Mrs Jane Winnebarger

Address

No 23 N. Liberty St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

21617

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 2 of Novbr
4. Place of Birth (Street and Number) Baltimore No 12 Cornelia St
5. Full Name of Mother Ana Traylor
6. Mother's Maiden Name Ana Beavers
7. Mother's Birthplace Baltimore County, Co. Frederick
8. Full Name of Father James James Beavers
9. Father's Occupation Attendant on Carpenters
10. Father's Birthplace Massachusetts
- Name of Medical Attendant, or other Person who makes this return Dr. J. B. Johnson
- Address No 26 N. Spring St
- Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

21618

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1 child

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

white

3. Date of Birth

29 Nov 1877

4. Place of Birth (Street and Number)

No 214 Glenolt St

5. Full Name of Mother

Horace Barnett

6. Mother's Maiden Name

Waters

7. Mother's Birthplace

Baltimore Md

8. Full Name of Father

John Waters

9. Father's Occupation

~~Virginia Tobacco Co~~

10. Father's Birthplace

Virginia Tobacco Co

Name of Medical Attendant, or other Person who makes this Return.

Address

Larry Sidney

Remarks

No 1 p. at present ave

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

First

Female

Black

Nov. 2nd 1877

16 Jew Allen

Martha W. Gruder

Martha Gruder

Baltimore Md

John W. Gruder

Labourer

Baltimore Md

Stas N. Hunter Md

97 Greenmount Ave

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Female

White

November 2 1877

Baltimore 72 Fort av

Mary E. Gaver

Mary E. Blanchard

Baltimore

JAMES A. J. Blanchard

Laborer

Norfolk Va

Mrs Ann Nash

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21621

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Mar 4 1877
4. Place of Birth (Street and Number) 1012 Washington St. N. W.
5. Full Name of Mother Ida R. Lorman
6. Mother's Maiden Name Lickerson
7. Mother's Birthplace Wicomico County Md
8. Full Name of Father Wm. Lorman
9. Father's Occupation Seaman
10. Father's Birthplace Wicomico County
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Sarah Harington
- Address 1012 Cambridge St.
- Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21622

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child
 1. Sex (state whether Male or Female) of Girl
 2. Race or Color (if not of the white race) White
 3. Date of Birth 2nd November 1877
 4. Place of Birth (Street and Number) 50 North Castle
 5. Full Name of Mother Annie & son's wife
 6. Mother's Maiden Name Annie A. Beckwith
 7. Mother's Birthplace Germany
 8. Full Name of Father Adam Beckwith
 9. Father's Occupation Germany Farmer
 10. Father's Birthplace Germany
 Name of Medical Attendant, or other Person who makes this return Ch. Frederick Schuchel
 Address 11 North Chaptin St. Baltimore
 Remarks Healthy

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Nov 2d 1877*
4. Place of Birth (Street and Number) *N E Cor E. Staw & Preston*
5. Full Name of Mother *Leatharine Dennis*
6. Mother's Maiden Name *McGyers*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Peter John Dennis*
9. Father's Occupation *Barber*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Olias & Price M.D.*
- Address *262 Madison St*
- Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2162 ²¹/₇

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
 1. Sex (state whether Male or Female) Male
 2. Race or Color (if not of the white race) White
 3. Date of Birth May 11 1877
 4. Place of Birth (Street and Number) 101 N. 1st St.
 5. Full Name of Mother Mrs. J. H. Miller
 6. Mother's Maiden Name Miller
 7. Mother's Birthplace Prussia
 8. Full Name of Father James Miller
 9. Father's Occupation Farmer
 10. Father's Birthplace Prussia
- Name of Medical Attendant, or other Person who makes this return Wm. Miller M.D.
- Address 101 N. 1st St.
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21624

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Nov 3^d 1877*
4. Place of Birth (Street and Number) *No 534 Hancock St*
5. Full Name of Mother *Henrietta Whinholt*
6. Mother's Maiden Name *Henrietta Shipel*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Christopher Whinholt*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Catherine Warner*
- Address *No 100 West St*
- Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

21625

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) _____
1. Sex (state whether Male or Female) *female*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *November 3rd 1877*
4. Place of Birth (Street and Number) *13. Chestnut Street*
5. Full Name of Mother *Suiverfant. Smith.*
6. Mother's Maiden Name *Suiverfant Dorr.*
7. Mother's Birthplace *Baltimore, Md.*
8. Full Name of Father *Robert. Smith*
9. Father's Occupation *Oyster Shucker.*
10. Father's Birthplace *Baltimore Md.*
- Name of Medical Attendant, or other Person who makes this return *Elizabeth Foster*
- Address _____
- Remarks *Midwife Attendant*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21626



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

3. Date of Birth

November 3^d 1877

4. Place of Birth (Street and Number)

16 132 S. Spring St.

5. Full Name of Mother

Margaretta Ream

6. Mother's Maiden Name

Hutzler

7. Mother's Birthplace

City

8. Full Name of Father

Leonhard Ream

9. Father's Occupation

Plumber

10. Father's Birthplace

City

Name of Medical Attendant, or other Person who makes this return

Mrs. Elizabeth Ream

Address

120 N. 3rd St.

Remarks

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21627

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *fourth*
 1. Sex (state whether Male or Female) *female*
 2. Race or Color (if not of the white race) *white*
 3. Date of Birth *Nov. 3rd 1877*
 4. Place of Birth (Street and Number) *64 Linnæ St.*
 5. Full Name of Mother *Julia Jacoby*
 6. Mother's Maiden Name *Boen*
 7. Mother's Birthplace *Philadelphia Pa.*
 8. Full Name of Father *Wm. Frank Jacoby*
 9. Father's Occupation *Commission Merchant*
 10. Father's Birthplace *Pennsylvania*
 Name of Medical Attendant, or other Person who makes this Return. *W. Christian M.D.*
 Address *431 Linnæ St.*
 Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21628



To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~1st~~ *first*
1. Sex (state whether Male or Female) *female*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *3 of November*
4. Place of Birth (Street and Number) *Leannon St. No. 34*
5. Full Name of Mother *Caroline Beachem*
6. Mother's Maiden Name *Caroline Burger*
7. Mother's Birthplace *port st. No 22. Baltimore.*
8. Full Name of Father *Joseph Beachem*
9. Father's Occupation *stevedore*
10. Father's Birthplace *Card rove Leawhus point*
- Name of Medical Attendant, or other Person who makes this Return *Louisia Willey*
- Address *No 12 Catdon Park anen*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21629

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *second*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *November 3^d 1877*
4. Place of Birth (Street and Number) *45 N. Wolfe St*
5. Full Name of Mother *Mary V. Pastorfild*
6. Mother's Maiden Name *Mary V. Hopkins*
7. Mother's Birthplace *Baltimore, Md*
8. Full Name of Father *William F. Pastorfild*
9. Father's Occupation *Cannemaker*
10. Father's Birthplace *Baltimore and*
- Name of Medical Attendant, or other Person who makes this Return. *Mary A. Aldwell*
- Address *286 N. Conough St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21630

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Nov. 3^d 1877

4. Place of Birth (Street and Number)

163 W. Lombard St. (Maternity)

5. Full Name of Mother

Annie Lewis

6. Mother's Maiden Name

" "

7. Mother's Birthplace

Maryland

8. Full Name of Father

Unknown

9. Father's Occupation

" "

10. Father's Birthplace

" "

Name of Medical Attendant, or other Person who makes this Return.

J. W. Lombel

Address

163 W. Lombard St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21631



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd child*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race)

3. Date of Birth *Nov 3rd 1877*

4. Place of Birth (Street and Number) *No 245 Baiter st.*

5. Full Name of Mother *Elise Herug*

6. Mother's Maiden Name *Galling*

7. Mother's Birthplace *America*

8. Full Name of Father *Christian Herug*

9. Father's Occupation *foreman in Coal yard*

10. Father's Birthplace *America*

Name of Medical Attendant, or other Person who makes this return *A. Lehmann midwife*

Address *213 Cross st.*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21632

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 3 November
4. Place of Birth (Street and Number) 18 Constitution St
5. Full Name of Mother Annie McDermot
6. Mother's Maiden Name Hart
7. Mother's Birthplace Baltimore
8. Full Name of Father James McDermot
9. Father's Occupation Expressman
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this return Mrs. J. H. Harrison
- Address No 7 Constitution St
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No 241.

RETURN OF A BIRTH.

21633



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

female

2. Race or Color (if not of the white race)

white

3. Date of Birth

Nov. 3. 1877

4. Place of Birth (Street and Number)

Hutsonstr No 183.

5. Full Name of Mother

Mary Ballou

6. Mother's Maiden Name

Ganner

7. Mother's Birthplace

Baltimore

8. Full Name of Father

John Ballou

9. Father's Occupation

Seaman

10. Father's Birthplace

New Yorks Hanover

Name of Medical Attendant, or other Person who makes this return

Dr. Johann Krausack

Address

Clark's Alley No 28

Remarks

married

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. 237.

RETURN OF A BIRTH.

21634



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) _____

1. Sex (state whether Male or Female) *female*

2. Race or Color (if not of the white race) *white*

3. Date of Birth *Mar. 3, 1877*

4. Place of Birth (Street and Number) *216 Wolfe St.*

5. Full Name of Mother *Franklin Schisler*

6. Mother's Maiden Name *Gehr*

7. Mother's Birthplace *Kottenbach Prussia*

8. Full Name of Father *Joseph Schisler*

9. Father's Occupation *Seaman*

10. Father's Birthplace *Schisler Prussia*

Name of Medical Attendant, or other Person who makes this return *Mrs. Schisler Prussia*

Address *216 Wolfe St. No. 25*

Remarks *live wife*

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *No. 1st.*
 1. Sex (state whether Male or Female) *Male*
 2. Race or Color (if not of the white race) *White*
 3. Date of Birth *November 3rd 1876.*
 4. Place of Birth (Street and Number) *#88 E Fayette St.*
 5. Full Name of Mother *Virginia Pentz.*
 6. Mother's Maiden Name *Wilson*
 7. Mother's Birthplace *Baltimore.*
 8. Full Name of Father *William Hamilton Pentz.*
 9. Father's Occupation *Clerk.*
 10. Father's Birthplace *Baltimore.*
 Name of Medical Attendant, or other Person who makes this Return. *Geo. W. Harrison Jr. makes return for Dr. Wm. Harrison, the attending physician.*
 Address *18 Lisquid St.*
 Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21636

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Nov 3. 77.*

4. Place of Birth (Street and Number) *534 W. Baltimore*

5. Full Name of Mother *Annie E. Davis*

6. Mother's Maiden Name *Holmes*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *D. J. Davis*

9. Father's Occupation *Tobacco Merchant*

10. Father's Birthplace *Charleston S. C.*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Levi M. Eastman
349 Lexington

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

First
Male
Black

November 3rd, 1877

No 9 Wilmer alley

Lucy Waters

Lucy Waters

Fredrick City

Jacob Robinson

Unknown to me

Baltimore City

Robert H. Mifflin M.D.

No. 87 North Charles St

Child born 10 minutes

Delivered by forceps owing to deformity of maternal pelvis - Child born 10 minutes

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21638

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *November 3 1899*
4. Place of Birth (Street and Number) *9 Bealburg street*
5. Full Name of Mother *Annie Ash*
6. Mother's Maiden Name *Annie Miller*
7. Mother's Birthplace *Virginia*
8. Full Name of Father *Thomas Ash*
9. Father's Occupation *Porter*
10. Father's Birthplace *Baltimore City*
- Name of Medical Attendant, or other Person who makes this Return. *Hester Bordley Doctress*
- Address *85 Orchard street*
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th child

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Nov. 4. 1877.

4. Place of Birth (Street and Number)

871 N. Pratt St

5. Full Name of Mother

Bertha Berther Schallitzky

6. Mother's Maiden Name

Berther, Gimbert

7. Mother's Birthplace

Baltimore, Md

8. Full Name of Father

Anthony Schallitzky

9. Father's Occupation

Sec. Driver

10. Father's Birthplace

Baltimore, Md

Name of Medical Attendant, or other Person who makes this Return.

Wm. Lindner

Address

40 W. Main St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2^d

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

November 4 1877

4. Place of Birth (Street and Number)

198 Gay Street

5. Full Name of Mother

Maria Sachse

6. Mother's Maiden Name

Maria Haarweg

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Karl Sachse

9. Father's Occupation

Cabinet Maker

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this return

Bathrina Münch

Address

74 Leadenhall St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

21641
14th
Female
White
November 11th 1877
218. Coakley St. South E.
Catherine Stidmore.
(Catherine) Mangham,
Ireland.
William A. Stidmore.
U.S. Soldier
West Virginia.
Margaret A. Caff

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21642

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *November 4th. 1877*
4. Place of Birth (Street and Number) *108 Ramsey St.*
5. Full Name of Mother *Annie Miller*
6. Mother's Maiden Name *Annie Walton*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Jacob Miller*
9. Father's Occupation *Tobacco Maker*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Mercer*
- Address *136 W. Henry St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar forthwith, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21643

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth November 4th 1877
4. Place of Birth (Street and Number) No 158 McHenry st.
5. Full Name of Mother Mary Ryan
6. Mother's Maiden Name Mary Smith
7. Mother's Birthplace Baltimore
8. Full Name of Father William Ryan
9. Father's Occupation Wagoner
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return Mrs. Mercer
- Address 136 McHenry st.
- Remarks _____

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21644



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth November 4th 1877

4. Place of Birth (Street and Number) No 202 Eastern Ave

5. Full Name of Mother Johanna Marman

6. Mother's Maiden Name Thimian

7. Mother's Birthplace Germany

8. Full Name of Father Henry Marman

9. Father's Occupation Grocer

10. Father's Birthplace City

Name of Medical Attendant, or other Person who makes this return Mrs Elizabeth Burckmann

Address 120 Bank St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21645

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Nov. 4th 1877

4. Place of Birth (Street and Number)

Baltimore County.

5. Full Name of Mother

Jda. H. Brown.

6. Mother's Maiden Name

Jda. H. Brown or. M^{rs} Conley.

7. Mother's Birthplace

Baltimore City.

8. Full Name of Father

George H. Brown.

9. Father's Occupation

Stone Cutter.

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

May Waller

Address

128 N. Caroline.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7^d

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

November 4th 1877

4. Place of Birth (Street and Number)

138 S Register Street

5. Full Name of Mother

Caroline Rödiger

6. Mother's Maiden Name

" " Breideman

7. Mother's Birthplace

Germany

8. Full Name of Father

Friedrich Rödiger

9. Father's Occupation

Shoe fitter

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this return

Louise Kraft

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21647



To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5^d
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth November 4th 1877
4. Place of Birth (Street and Number) 181 S Bond Street
5. Full Name of Mother Franziska Helso
6. Mother's Maiden Name unknown
7. Mother's Birthplace Baltimore
8. Full Name of Father William Helso
9. Father's Occupation Painter
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this return Louise Kraft
- Address
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21648

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *One Child.* *73. One*
 1. Sex (state whether Male or Female) *Female.*
 2. Race or Color (if not of the white race) *White*
 3. Date of Birth *Nov. 14. 1877*
 4. Place of Birth (Street and Number) *No 53 Altamara St. Baltimore*
 5. Full Name of Mother *Elisbet. Schlein*
 6. Mother's Maiden Name *Elisbet. Meyer.*
 7. Mother's Birthplace *Baltimore.*
 8. Full Name of Father *Joseph. Schlein.*
 9. Father's Occupation *Shaver maker*
 10. Father's Birthplace *State of Wisconsin. Shaw Co.*
 Name of Medical Attendant, or other Person who makes this Return. *Miss Langart J. Schlein*
 Address *No. 26 Lombard St*
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

21649



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *5th*
1. Sex (state whether Ma'e or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Nov. 4th 1877*
4. Place of Birth (Street and Number) *12 Fort. Ave.*
5. Full Name of Mother *Mary P. Harryman*
6. Mother's Maiden Name *Mary P. Bailey*
7. Mother's Birthplace *Lt. Michaels Md.*
8. Full Name of Father *Thos. Harryman*
9. Father's Occupation *Machinist*
10. Father's Birthplace *Baltimore Co. Md.*
- Name of Medical Attendant, or other Person who makes this Return. *J. H. Smith M.D.*
- Address *108 S. Sharp St.*
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *November 4/1877*
4. Place of Birth (Street and Number) *Baltimore 131 Port av*
5. Full Name of Mother *Mary Hutton*
6. Mother's Maiden Name *Mary Reincker*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *James Hutton*
9. Father's Occupation *Bookster*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Ann Nash*
- Address
- Remarks

If any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*

1. Sex (state whether Male or Female) *male*

2. Race or Color (if not of the white race) *colored*

3. Date of Birth *november 4. 1874*

4. Place of Birth (Street and Number) *27 Biddle Alley*

5. Full Name of Mother *Mary Murny*

6. Mother's Maiden Name *Mary Kelley*

7. Mother's Birthplace *Baltimore County*

8. Full Name of Father *Joseph Murny*

9. Father's Occupation *Waiter*

10. Father's Birthplace *Prince George County*

Name of Medical Attendant, or other Person who makes this Return.

Address *85 Orchard Street*

Remarks

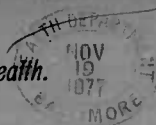
Hester Bradley Doctor

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21652

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

The ninth

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

Born November 44 1877

3. Date of Birth

4. Place of Birth (Street and Number)

No. 80 Lemon St.

5. Full Name of Mother

Barbara Spindler

6. Mother's Maiden Name

Barbara Hebel

7. Mother's Birthplace

Ebersbach Bavaria

8. Full Name of Father

Joseph Spindler

9. Father's Occupation

Blacksmith

10. Father's Birthplace

Debrich in Prussia

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Anna Dumbler

Address

61 Thacker St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21635

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Third
Male
White
Nov 4th 1877
240 Myrtle Av
Alvenda George
Ford
Baltimore
Stephen H. George
Milling Business (Flour)
Baltimore
Elias C Price M.D.
262 Madison St

RECORD OF BIRTHS IN THE CITY OF BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

216574



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1 child*

1. Sex (state whether Male or Female) *male*

2. Race or Color (if not of the white race)

3. Date of Birth *1 November*

4. Place of Birth (Street and Number) *185 Spring St*

5. Full Name of Mother *Mrs. Charles*

6. Mother's Maiden Name *Wong*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *George Wong*

9. Father's Occupation *carpenter*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this return

Howell H. Hays

Address

Harlem St Baltimore

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) one
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth 5th November
4. Place of Birth (Street and Number) N. 40 Stockholm St.
5. Full Name of Mother Mary Hall
6. Mother's Maiden Name
7. Mother's Birthplace Germany
8. Full Name of Father Eden Hall
9. Father's Occupation Teamster
10. Father's Birthplace Prince George's County
- Name of Medical Attendant, or other Person who makes this Return Nancy Williams
- Address No. 210 Dover Street
- Remarks

in last specimen

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 5th November 1877
4. Place of Birth (Street and Number) 65 Orlean St.
5. Full Name of Mother Mary Shagöberg
6. Mother's Maiden Name Mary Lorn
7. Mother's Birthplace Bavaria
8. Full Name of Father Joseph Shagöberg
9. Father's Occupation Carpenter
10. Father's Birthplace Bavaria
- Name of Medical Attendant, or other Person who makes this Return. Mary Ann Butler
- Address No 181 N. Central Av.
- Remarks Nearby

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2163

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

The 1st Male health

2. Race or Color (if not of the white race)

white

3. Date of Birth

born on the 5th of November 1877

4. Place of Birth (Street and Number)

No. 115 Fred. St.

5. Full Name of Mother

Kate Behmayer

6. Mother's Maiden Name

K. Albright

7. Mother's Birthplace

Balto.

8. Full Name of Father

C. Behmayer

9. Father's Occupation

Dealer in

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes the Return.

Miss Miller

Address

57 Malwood St.

Remarks

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21658

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c) *1 Children*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *Nov 5th 1877*
4. Place of Birth (Street and Number) *117 Chesnut st Balto Md*
5. Full Name of Mother *Fannie E Hall*
6. Mother's Maiden Name *Fannie E Brown*
7. Mother's Birthplace *George Town DC*
8. Full Name of Father *Harry C Hall*
9. Father's Occupation *Wailer*
10. Father's Birthplace *Balto Md*
Name of Medical Attendant, or other Person who makes this Return.
Address *Sophie Hines*
Remarks

RETURN OF A BIRTH.

21659

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd child
 1. Sex (state whether Male or Female) male
 2. Race or Color (if not of the white race) colored
 3. Date of Birth 5th inst
 4. Place of Birth (Street and Number) 327 west st
 5. Full Name of Mother mary harris
 6. Mother's Maiden Name mary lambert
 7. Mother's Birthplace virginia
 8. Full Name of Father george harris
 9. Father's Occupation labour
 10. Father's Birthplace virginia
 Name of Medical Attendant, or other Person who makes this return mrs Lydia Porter
 Address no 4 Capt Coarsens
 Remarks healthy child

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

27660

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *Nov. 5th*
4. Place of Birth (Street and Number) *Ratney St - 212*
5. Full Name of Mother *Northa Thomas*
6. Mother's Maiden Name *Do Do*
7. Mother's Birthplace *Eastern Shore Md*
8. Full Name of Father
9. Father's Occupation *Arab*
10. Father's Birthplace
- Name of Medical Attendant, or other Person who makes this Return. *J. R. Rogers*
- Address *417 W Long St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, be or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

21661

To the Office of Registrar of Vital Statistics Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Second

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Nov 5th 1877

4. Place of Birth (Street and Number)

37 Whiteoak St

5. Full Name of Mother

Esther Hawk

6. Mother's Maiden Name

Hamer

7. Mother's Birthplace

Pennsylvania

8. Full Name of Father

Nelson Hawk

9. Father's Occupation

Teamster

10. Father's Birthplace

Maryland

Name of Medical Attendant, or other Person who make this Return.

Oliver Lowell M.D.

Address

Remarks

92 Mosher St

That any physician, accoucheteur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21662

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st
 1. Sex (state whether Male or Female) Male
 2. Race or Color (if not of the white race) White
 3. Date of Birth November 5 - 1877
 4. Place of Birth (Street and Number) No. 158 Arlington Ave.
 5. Full Name of Mother Nannie Belle Adams
 6. Mother's Maiden Name Nannie B. Clendenen
 7. Mother's Birthplace Baltimore, Md.
 8. Full Name of Father James B. Adams
 9. Father's Occupation Contractor
 10. Father's Birthplace County Kerry, Ireland
 Name of Medical Attendant, or other Person who makes this Return. John T. King - M.D.
 Address Edmondson Ave
 Remarks 1 door West of Carrollton Ave.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21663



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

44
male

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

5th Nov 1877
47 Canal Str

4. Place of Birth (Street and Number)

5. Full Name of Mother

Mary Wagner

6. Mother's Maiden Name

Mary Spence

7. Mother's Birthplace

U. S. State

8. Full Name of Father

William Wagner

9. Father's Occupation

Printer

10. Father's Birthplace

U. S. State

Name of Medical Attendant, or other Person who makes this return

Isaac Carter

Address

52 Leonard Str

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21664



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

3. Date of Birth

5th Nov. 1877

4. Place of Birth (Street and Number)

145 High St.

5. Full Name of Mother

J. Mary Cummings St.

6. Mother's Maiden Name

J. Mary H. St.

7. Mother's Birthplace

United States

8. Full Name of Father

John Cummings

9. Father's Occupation

Porter

10. Father's Birthplace

Spilbyd

Name of Medical Attendant, or other Person who makes this return

Sarah Barker

Address

52 E. Lombard St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children, born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21665

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *November 5th 5 A.M. 1877*
4. Place of Birth (Street and Number) *No 247, S. Bond. St*
5. Full Name of Mother *Dorothea. Tewes -*
6. Mother's Maiden Name *Dorothea Zeilmann -*
7. Mother's Birthplace *Baltimore. Md*
8. Full Name of Father *Joseph. Tewes -*
9. Father's Occupation *Whole Rectifier of Spirits.*
10. Father's Birthplace *Baltimore. Md*
Name of Medical Attendant, or other Person who makes this Return. *Dr. Doherty M.D.*
Address *86 S. Fayette St.*
Remarks *Natural Labor.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21666

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third.*
1. Sex (state whether Male or Female) *Male.*
2. Race or Color (if not of the white race) *Clear brown complexion*
3. Date of Birth *November 5th 1871*
4. Place of Birth (Street and Number) *American Hotel*
5. Full Name of Mother *Cecilia Gaskins*
6. Mother's Maiden Name *Cecilia Mounts*
7. Mother's Birthplace *Maryland*
8. Full Name of Father *Henry Gaskins*
9. Father's Occupation *Farmer*
10. Father's Birthplace *Virginia*
- Name of Medical Attendant, or other Person who makes this Return. *Amelia Johnson*
- Address *N. 6 Hamilton St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21667

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th Child*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *Apr 5th 1877*
4. Place of Birth (Street and Number) *No. 720 Hanover St*
5. Full Name of Mother *Anna Schweigert*
6. Mother's Maiden Name *Mariae*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Friedrich Schweigert*
9. Father's Occupation *Dairy*
10. Father's Birthplace *America*
- Name of Medical Attendant, or other Person who makes this return *J. Schwasser midwife*
- Address *213 Cross St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Fifth day of November 1877*
4. Place of Birth (Street and Number) *No 119 W. Peter St.*
5. Full Name of Mother *Caroline Cole*
6. Mother's Maiden Name *Caroline Ruppel*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Charles Cole*
9. Father's Occupation *Barber*
10. Father's Birthplace *Alexandria Va*
Name of Medical Attendant, or other Person who makes this Return. *Applegate M.D.*
Address *No 138 W. Peter St.*
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar not less than six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21669

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Nov 5. 77.*
4. Place of Birth (Street and Number) *36 N. Fremont St*
5. Full Name of Mother *Mary Sophia Miller,*
6. Mother's Maiden Name *Seller*
7. Mother's Birthplace *Balt. Md.*
8. Full Name of Father *Abraham Miller*
9. Father's Occupation *Carpenter*
10. Father's Birthplace *Carroll Co. Md.*
- Name of Medical Attendant, or other Person who makes this Return. *Levi M. Eastman*
- Address *349 Leaden*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21670

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

White

3. Date of Birth Nov 5th 1877

4. Place of Birth (Street and Number)

No 253 Gay st.

5. Full Name of Mother

Kate Mitchell

6. Mother's Maiden Name

Kate Noble

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Jacob Mitchell

9. Father's Occupation

Adams Express Co.

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this return

Dina Killegerist

Address

No 182 Monument st

Remarks

That any physician, accouchenr, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21671

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth*

1. Sex (state whether Male or Female) _____
 2. Race or Color (if not of the white race) *White*
 3. Date of Birth *November 5th 1877*
 4. Place of Birth (Street and Number) *62 Thomas St.*
 5. Full Name of Mother *Mary G. Mc Lellan*
 6. Mother's Maiden Name *Mary G. Burke*
 7. Mother's Birthplace *Baltimore City Md.*
 8. Full Name of Father *Capt. John Steele Mc Lellan*
 9. Father's Occupation *Mariner*
 10. Father's Birthplace *Wolchester Nova Scotia*
- Name of Medical Attendant, or other Person who makes this return *Nicholas L. Gathrell*
Address *207 E. Broadway*
Remarks _____

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21672

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4 Child*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *September the 5. 1888*
4. Place of Birth (Street and Number) *Hamburg St. No. 419 Baltimore*
5. Full Name of Mother *Franciska ~~Spaarenberg~~ Racker*
6. Mother's Maiden Name *Franciska Spaarenberg*
7. Mother's Birthplace *Regierungs Bezirk Prensborg (Prensen)*
8. Full Name of Father *Hermann Theodore Racker*
9. Father's Occupation *Machinist*
10. Father's Birthplace *Regierungs Bezirk Magdeburg (Preussen)*
- Name of Medical Attendant, or other Person who makes this Return *Ms. Dr. Arany.*
- Address *No. 32 Leadenhall Street*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21673



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd child
1. Sex (state whether Male or Female) Female
 2. Race or Color (if not of the white race) _____
 3. Date of Birth 6 November
 4. Place of Birth (Street and Number) 514 St. Ann
 5. Full Name of Mother Ann Eliza
 6. Mother's Maiden Name Harsh
 7. Mother's Birthplace Baltimore
 8. Full Name of Father John Fisher
 9. Father's Occupation Butler
 10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this return Therrell W. H. H. H.
- Address _____
- Remarks delivered

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21674

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Nov 6th 1877*
4. Place of Birth (Street and Number) *112 366 Light st*
5. Full Name of Mother *Lizzie Ott*
6. Mother's Maiden Name *Lizzie Back*
7. Mother's Birthplace *Germany*
8. Full Name of Father *George Ott*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return *Catherine Horner*
- Address *112 106 West st*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1 d*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *November 16th 1877*
4. Place of Birth (Street and Number) *189 Sharp Street*
5. Full Name of Mother *Louise Vogelweich*
6. Mother's Maiden Name *" " Martin*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *John Vogelweich*
9. Father's Occupation *Barber*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this return *Katharina Munch*
- Address *74 Leadenhall St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6^d*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *November 11th 6th 1877*
4. Place of Birth (Street and Number) *240 William Street*
5. Full Name of Mother *Franziska Hodges*
6. Mother's Maiden Name *" " " Beller*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Heinrich Hodges*
9. Father's Occupation *Cigar Maker*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this return *Katharina Meinch*
- Address
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

21677

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male ~~or~~ Female)

2. Race or Color (if not of the white race)

White

3. Date of Birth

No 6 Willow St

4. Place of Birth (Street and Number)

Nov 19th

5. Full Name of Mother

Catherine Kenney

6. Mother's Maiden Name

Conigan

7. Mother's Birthplace

Baltimore

8. Full Name of Father

James J Kenney

9. Father's Occupation

Laborer

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Wm Whitridge

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11 21678

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1th

1. Sex (state whether Male or Female) Girl

2. Race or Color (if not of the white race) White

3. Date of Birth 6 November

4. Place of Birth (Street and Number) 95 Wolfe Street

5. Full Name of Mother Fronie Siedel

6. Mother's Maiden Name Schuman

7. Mother's Birthplace Danzig Prussia

8. Full Name of Father Wolf Schuman Austria

9. Father's Occupation — — — — —

10. Father's Birthplace Austria

Name of Medical Attendant, or other Person who makes this return Marie Guttner

Address Wolfe Street 295

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21679

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex (state whether Male or Female)

Boys

2. Race or Color (if not of the white race)

White

3. Date of Birth

Nov 2nd 1877

4. Place of Birth (Street and Number)

2nd Creek Alley

5. Full Name of Mother

Ann's Peilly

6. Mother's Maiden Name

Ann's Conner

7. Mother's Birthplace

Ireland

8. Full Name of Father

John Duff

9. Father's Occupation

Brick Maker

10. Father's Birthplace

Ireland

Name of Medical Attendant, or other Person who makes this return

Theresa Cooke M.D.

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. It is or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21680

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this return

Address

Remarks

Second
Female

Nov 15 1877

189 6th St

R. B. Mennen

Katie Bausch

Balto

Wm G Mennen

House Keeper

Baltimore

Mary C. Linn

203 Washington St

J. P.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21681



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2^d*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *Oct Nov 6th 1877*
4. Place of Birth (Street and Number) *No 45 S High St*
5. Full Name of Mother *Mary Enke*
6. Mother's Maiden Name *Trumble*
7. Mother's Birthplace
8. Full Name of Father *Ludwig Eske*
9. Father's Occupation *Artist*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this return *Mrs Elizabeth Buschmann*
- Address *129 Bazar St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21682

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

3. Date of Birth

6 Nov 1877

4. Place of Birth (Street and Number)

134 Broadway

5. Full Name of Mother

Annie Whitcomb

6. Mother's Maiden Name

Annie Nelson

7. Mother's Birthplace

United States

8. Full Name of Father

Frank Whitcomb

9. Father's Occupation

Cyberman

10. Father's Birthplace

U. States

Name of Medical Attendant, or other Person who makes this return

Snack Coaster

Address

52 E Lombard Str

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex (state whether Male or Female) _____
2. Race or Color (if not of the white race) White
3. Date of Birth Nov 6th 1877
4. Place of Birth (Street and Number) 105 Hollins St.
5. Full Name of Mother Clodie Beigg
6. Mother's Maiden Name " Nor Mandean
7. Mother's Birthplace Montreal Canada
8. Full Name of Father Henry Beigg
9. Father's Occupation Carnap Manufacturer
10. Father's Birthplace Aldford England
- Name of Medical Attendant, or other Person who makes this Return. _____
- Address _____
- Remarks H. L. Speck
379 M. Lombard St.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21684

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this return

Address

Remarks

Male
White
Nov 6th 1877
Baltimore, Walbrook St. No. 16th
Margaret Hallon
Chine
Frederick County
George W. Hallon
Conductor
Frederick County
Dr. G. W. Pittsford
No. 122 E. 25th

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) Colored

3. Date of Birth Nov 6/77

4. Place of Birth (Street and Number) no number vine st

5. Full Name of Mother Caroline Young

6. Mother's Maiden Name Caroline Robertson

7. Mother's Birthplace Eastern shore Md.

8. Full Name of Father James Young

9. Father's Occupation Waiter

10. Father's Birthplace Eastern shore Va

Name of Medical Attendant, or other Person who makes this Return. Charlotte Proctor

Address No 10 Carlton St

Remarks

RETURN OF A BIRTH

To The Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

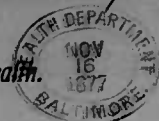


Child of Mother (state whether 1st, 2d, 3d, &c.) 4th
(state whether Male or Female) Male
Race or Color (if not of the white race) White
Date of Birth Oct 7
Place of Birth (Street and Number) 105 Biddle St
Name of Mother Margaret Roulston
Name McLean
Place of Birth Baltimore
Name of Father Robert Roulston
Father's Occupation Clerk
Father's Birthplace Ireland
Name of Medical Attendant, or other Person who makes this Return. Mr Paine Guy
Address
Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *11th Child*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *Nov 6th 1877*
4. Place of Birth (Street and Number) *Baltimore Bolton St near Biddle*
5. Full Name of Mother *Henrietta Durrmore*
6. Mother's Maiden Name *Henrietta Williams*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Amos Durrmore*
9. Father's Occupation *Waiter*
10. Father's Birthplace *Carroll Co*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Helen Bondy*
- Address *85 Orchard St Baltimore*
- Remarks

Let any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21688

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Eighth

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Sixth of November 1877

4. Place of Birth (Street and Number)

No 121 Vine Street

5. Full Name of Mother

Catrina Holtzgrue

6. Mother's Maiden Name

Catrina Collers

7. Mother's Birthplace

Amt Beverstedt Province Hannover

8. Full Name of Father

H. F. Louis Holtzgrue

9. Father's Occupation

German on the B. & O. Railway

10. Father's Birthplace

Province Hannover Canabrich Germany.

Name of Medical Attendant, or other Person who makes this Return.

Wm Dummer No 66 North Schroeder St.

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

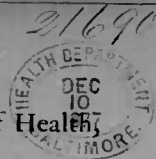


- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9. Child
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 6. Nov
4. Place of Birth (Street and Number) 79 Scotts Street
5. Full Name of Mother Catherine Roth
6. Mother's Maiden Name Catherine Bender
7. Mother's Birthplace Baltimore
8. Full Name of Father Henry Roth
9. Father's Occupation Box Maker
10. Father's Birthplace Kuhsen Germany
- Name of Medical Attendant, or other Person who makes this Return Edmund Dunder M.D. - Schreder
- Address Schreder
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *November 7th*
4. Place of Birth (Street and Number) *Conaway Ave 242*
5. Full Name of Mother *Eliza Jane Talbott*
6. Mother's Maiden Name *Eliza Jane Wiley*
7. Mother's Birthplace *Hampshire Co Virginia*
8. Full Name of Father *George H Talbott*
9. Father's Occupation *Rice Maker*
10. Father's Birthplace *Albany N.Y.*
- Name of Medical Attendant, or other Person who makes this return *Abigail Brooks*
- Address *210 Waples near West*
- Remarks *Good Nurse*

and any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21691

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd
Male.

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

7th of November

4. Place of Birth (Street and Number)

225 Cathedral St.

5. Full Name of Mother

Ann Small

6. Mother's Maiden Name

Fry

7. Mother's Birthplace

Pennsylvania

8. Full Name of Father

Charles Small

9. Father's Occupation

Stone Cutter

10. Father's Birthplace

Pennsylvania

Name of Medical Attendant, or other Person who makes this Return

Charlotte Prosser

Address

369 Cathedral St.

Remarks

I, the undersigned, being my physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21692

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The 10th*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *born on the 7th of Nov. 1877*
4. Place of Birth (Street and Number) *131 Gemon Alley.*
5. Full Name of Mother *Marygrat Pfeiffer*
6. Mother's Maiden Name *St. Rich*
7. Mother's Birthplace *Germany*
8. Full Name of Father *George Pfeiffer*
9. Father's Occupation *Cooper*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Miller*
- Address *37 Smalwood St.*
- Remarks

MISSING

Q-21693

See Vol #4

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 21694

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Nov 15 1897
4. Place of Birth (Street and Number) 588 Lombard St
5. Full Name of Mother Ella Buch
6. Mother's Maiden Name " "
7. Mother's Birthplace Mechanicstown Fred Co Md
8. Full Name of Father John Babcock
9. Father's Occupation Stone Mason
10. Father's Birthplace Fred Co Md
- Name of Medical Attendant, or other Person who make this Return. H. N. Schultz
- Address 1113 Arlington
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21695

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sixth

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Nov. 7th 1877

4. Place of Birth (Street and Number)

No. 318 Alice Street

5. Full Name of Mother

Sophia Rasmussen

6. Mother's Maiden Name

Tisha

7. Mother's Birthplace

Germany

8. Full Name of Father

Peter Rasmussen

9. Father's Occupation

Storekeeper

10. Father's Birthplace

Norway

Name of Medical Attendant, or other Person who makes this Return.

Mr. Gaebler

Address

No. 55-1 Bond St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21696

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *November 7th 1877*
4. Place of Birth (Street and Number) *39 Low Street*
5. Full Name of Mother *Rachel Jacob*
6. Mother's Maiden Name *" Heller*
7. Mother's Birthplace *Pohland*
8. Full Name of Father *Isaac Jacob*
9. Father's Occupation *Tailor*
10. Father's Birthplace *Pohland*
- Name of Medical Attendant, or other Person who makes this return *Barbara Reisz*
- Address *26 N. Fredrick Street*
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th

1. Sex (state whether Male or Female)

male

2. Race or Color (if not of the white race)

3. Date of Birth

7th Nov 1877

4. Place of Birth (Street and Number)

Ellen No 11 Market Space

5. Full Name of Mother

Ellen Garrett

6. Mother's Maiden Name

Ellen Doherty

7. Mother's Birthplace

Ireland

8. Full Name of Father

John Garrett

9. Father's Occupation

Labourer

10. Father's Birthplace

Ireland

Name of Medical Attendant, or other Person who makes this return

Largh Gashen

Address

326 Lombard St

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21698

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

3. Date of Birth

7th Nov. 1877

4. Place of Birth (Street and Number)

72 Lombard St.

5. Full Name of Mother

Catherine Stein

6. Mother's Maiden Name

Catherine Krichenmister

7. Mother's Birthplace

Germany

8. Full Name of Father

Henry Stein

9. Father's Occupation

Triller

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this return

Isaac Bayler

Address

52 E Lombard St.

Remarks

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

21699



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Mulatto ✓
3. Date of Birth 4 November
4. Place of Birth (Street and Number) 1. Boundary Av
5. Full Name of Mother Mary Curtis
6. Mother's Maiden Name Mary Thompson
7. Mother's Birthplace Baltimore
8. Full Name of Father Charlie Curtis
9. Father's Occupation Coachman
10. Father's Birthplace Baltimore City
- Name of Medical Attendant, or other Person who makes this Return. Geo. G. Brewer M.D.
- Address 258 W Fayette St.
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21700

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 7 November
4. Place of Birth (Street and Number) 208 Chestnut St
5. Full Name of Mother Washington Smith
6. Mother's Maiden Name Wilton
7. Mother's Birthplace Ireland
8. Full Name of Father George Smith
9. Father's Occupation Engineer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this return Isabella J. Chrismer
- Address No 7 Cassell Row
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2^d

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

November 7th 1877

4. Place of Birth (Street and Number)

353 Hamburg Street

5. Full Name of Mother

Elija Vollgraf

6. Mother's Maiden Name

" " Holzman

7. Mother's Birthplace

Germany

8. Full Name of Father

Friedrich Vollgraf

9. Father's Occupation

Shoemaker

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this return

Katharina Meyer

Address

74 Leadenhall Street

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21702

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

November 7th 1877

4. Place of Birth (Street and Number)

163 W. Lombard St.

5. Full Name of Mother

Sarah L. Flint

6. Mother's Maiden Name

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Unknown

9. Father's Occupation

" "

10. Father's Birthplace

" "

Name of Medical Attendant, or other Person who makes this Return

D^r Wm. Lombel

Address

163 W. Lombard St.

Remarks

RETURN OF A BIRTH.

21703



To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

clard

3. Date of Birth

November 7

4. Place of Birth (Street and Number)

virgin Street 357

5. Full Name of Mother

sarah Hitch

6. Mother's Maiden Name

she is not married

7. Mother's Birthplace

oulward county

8. Full Name of Father

Bornie Hammon

9. Father's Occupation

Well digging

10. Father's Birthplace

Fiedrich burgs vergis ion

Name of Medical Attendant, or other Person who makes this return

Harrett Gipson

Address

Morris alley 7

Remarks

5 dollars

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4
1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) colored
3. Date of Birth Nov 7/77
4. Place of Birth (Street and Number) harmony lane
5. Full Name of Mother Goniza harte
6. Mother's Maiden Name _____
7. Mother's Birthplace Easton Shore md
8. Full Name of Father Peter harte
9. Father's Occupation Laborer
10. Father's Birthplace peetersburg Va
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Proctor
- Address No 10 Carlton St
- Remarks _____

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27704
21705

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2th*
1. Sex (state whether Male or Female) *Boy*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *7 November*
4. Place of Birth (Street and Number) *464 Durham Street*
5. Full Name of Mother *Ewa Wosinska*
6. Mother's Maiden Name *Burak*
7. Mother's Birthplace *Wongrowice* *Prussia*
8. Full Name of Father *Martin Burak*
9. Father's Occupation _____
10. Father's Birthplace *Ekein* *Prussia*
- Name of Medical Attendant, or other Person who makes this return *Marij Güttner*
- Address *Wolfe Street 245.*
- Remarks _____

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21706

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd child*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race)
3. Date of Birth *Nov 7 ed 1877*
4. Place of Birth (Street and Number) *N. 244 Baitown st*
5. Full Name of Mother *Lise Ruppel*
6. Mother's Maiden Name *Gries*
7. Mother's Birthplace *America*
8. Full Name of Father *Leonhardt Ruppel*
9. Father's Occupation *Laborer*
10. Father's Birthplace *America*
- Name of Medical Attendant, or other Person who makes this return *J. Schwaner midwife*
- Address *213 Cross st*
- Remarks

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21707



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd Child*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *Apr 7. ad 1877*
4. Place of Birth (Street and Number) *alt 286 Cross st.*
5. Full Name of Mother *Wilhelmine Nolte*
6. Mother's Maiden Name *Hellmair*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Heinrich Nolte*
9. Father's Occupation *Cooper*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this return *J. Lohrweiser midwife*
- Address *286 Cross st.*
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21708.



To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 child
1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) white
3. Date of Birth November 7 1877
4. Place of Birth (Street and Number) W. Carver St
5. Full Name of Mother James Thoen
6. Mother's Maiden Name James Thoen
7. Mother's Birthplace Baltimore city
8. Full Name of Father George Holens
9. Father's Occupation engineer
10. Father's Birthplace Baltimore city
- Name of Medical Attendant, or other Person who makes this Return. Bachelman Garrett
- Address 433 Aliceanna St
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21709

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fifth*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *7 November 1877*
4. Place of Birth (Street and Number) *No 11 Anthony St Baltimore*
5. Full Name of Mother *Mary Dieter*
6. Mother's Maiden Name *Mary Smith*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Charly Dieter*
9. Father's Occupation *Laber. Worker.*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this return *Disa. Hilligist*
- Address *No 182 Monument St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21710

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Nov 8 1877

4. Place of Birth (Street and Number)

440 Holiday St Baltimore

5. Full Name of Mother

Kate Burrows

6. Mother's Maiden Name

Baltimore

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Levin Worker

9. Father's Occupation

Bookbinder

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this return

May Jackson

Address

Remarks

Notice at the birth of any child, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21711

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *Nov 8*
4. Place of Birth (Street and Number) *421 Stirling St*
5. Full Name of Mother *Mary Ann Franklin*
6. Mother's Maiden Name *Mary Chaddock*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Alexander Franklin*
9. Father's Occupation *Coach Driver*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Chas. Lee*
- Address *220 32 Street St*
- Remarks *Healthy child*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Wa 242.

RETURN OF A BIRTH.

21712

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) _____
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth Nov. 8. 1877
4. Place of Birth (Street and Number) Waltham St. Wa 10
5. Full Name of Mother Barbara Phelps
6. Mother's Maiden Name Winnerephelt
7. Mother's Birthplace Baltimore
8. Full Name of Father Andrew Hill
9. Father's Occupation Blacksmith
10. Father's Birthplace Baltimore
Name of Medical Attendant, or other Person who makes this return Mrs. Thomas B. B. B.
Address South Wolfe St. Wa 28
Remarks live

a vice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21713



To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Nov. 8th 1877*

4. Place of Birth (Street and Number) *259. Canton av.*

5. Full Name of Mother *Louisa Nelson*

6. Mother's Maiden Name *Louisa Bullardick*

7. Mother's Birthplace *Germany*

8. Full Name of Father *Oluf Nelson*

9. Father's Occupation *Waterman*

10. Father's Birthplace *Sweden*

Name of Medical Attendant, or other Person who makes this Return. *B. W. Hansfield M.D.*

Address *N 7 S. Broadway*

Remarks

any person at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21714

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *November 8th.*
4. Place of Birth (Street and Number) *W. Lombard St. No. 36.*
5. Full Name of Mother *Dorothea Phoebe Dornbusch*
6. Mother's Maiden Name *Dorothea Phoebe*
7. Mother's Birthplace *Maidenfeld, Prussia, Germany*
8. Full Name of Father *Jacob Dornbusch*
9. Father's Occupation *Blacksmith*
10. Father's Birthplace *Maidenfeld, Prussia, Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Mary Ann G. Galt*
- Address
- Remarks

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21715

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *110 Children 3*

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

White

3. Date of Birth

November 8th 1877

4. Place of Birth (Street and Number)

East Biddle 240

5. Full Name of Mother

Emma Rebecca Hall

6. Mother's Maiden Name

" " Norwood

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Samuel Francis Hall

9. Father's Occupation

Bricklayer

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Geo. H. Mason

Address

18 Disquith St.

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21716

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Male
White
NOV 8th 1877
5 Essex St.
Lura Giffel
Lura Giffel
Germany
George Giffel
Driver
Baltimore
J. Lawrence Giffel M.D.
Baltimore

Any child, within the City of Baltimore, shall report to the registrar aforesaid, after, stating distinctly the date of birth, sex, and color of the child or children, and their physical condition, whether still born or not, the full name, nativity, and residence of the mother, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21217

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

11th
Male.

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

8th of November

4. Place of Birth (Street and Number)

363 Cathedral St

5. Full Name of Mother

Elizabeth Thompson.

6. Mother's Maiden Name

Williams

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Daniel Thompson.

9. Father's Occupation

Shoemaker.

10. Father's Birthplace

Scotland

Name of Medical Attendant, or other Person who makes this Return.

Charlotte Crosby.

Address

363 Cathedral St.

Remarks

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

21718

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Ma's or ~~Female~~)

2. Race or Color (if not of the white race) white

3. Date of Birth November 6th

4. Place of Birth (Street and Number) 74 Lewis St

5. Full Name of Mother Bridget K. Kilbride

6. Mother's Maiden Name " Kine

7. Mother's Birthplace Ireland

8. Full Name of Father James Kilbride

9. Father's Occupation Store Keeper

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

J. J. Gump.
137 Orleans St

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 21719

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth November 8th 1877
4. Place of Birth (Street and Number) 234 Druid Hill Ave
5. Full Name of Mother Louise Grotchen Cook
6. Mother's Maiden Name "
7. Mother's Birthplace California
8. Full Name of Father William H. L. Cook
9. Father's Occupation Merchant
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. W. H. Williams M.D.
- Address 201 Madison Ave
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21720

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Kind*
1. Sex (state whether Male or Female) *Sub.*
2. Race or Color (if not of the white race) *Weiß*
3. Date of Birth *geboren den 8ten November*
4. Place of Birth (Street and Number) *N^o 164 Alexander Str.*
5. Full Name of Mother *Schöne Liebetmann*
6. Mother's Maiden Name *Schöne Müller*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *John Liebetmann*
9. Father's Occupation *Handwerker*
10. Father's Birthplace *geboren in Deutschland*
Name of Medical Attendant, or other Person who makes this return *Friederike Hausmann*
Address *N^o 118 Corner of Dallas and Eastern Av*
Remarks *Heimlich*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21721



To the Office of Registrar of Vital Statistics, Board of Health,

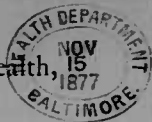
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *seventh child*
1. Sex (state whether Male or Female) *female*
2. Race or Color (if not of the white race) *colored*
3. Date of Birth *4th inst.*
4. Place of Birth (Street and Number) *Shutchen's corte, King*
5. Full Name of Mother *eliza clark*
6. Mother's Maiden Name *eliza maulden*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *charles clark*
9. Father's Occupation *labour*
10. Father's Birthplace *annapolis*
- Name of Medical Attendant, or other Person who makes this return *mrs Lydia Porter*
- Address *no 4 spartan court*
- Remarks *healthy child*

notice of the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

217291



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th child
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth Nov 9th 1877
4. Place of Birth (Street and Number) No 185 West St.
5. Full Name of Mother Caroline Hill
6. Mother's Maiden Name Huber
7. Mother's Birthplace America
8. Full Name of Father George Hill
9. Father's Occupation carper
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this return J. Lohndorfer midwife
- Address 213 Cross St
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21723

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d.
1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race) _____
3. Date of Birth November 9th 1877.
4. Place of Birth (Street and Number) Port St. No 80.
5. Full Name of Mother Georgia Cornell
6. Mother's Maiden Name Georgia West.
7. Mother's Birthplace Balt. Md.
8. Full Name of Father Robert Cornell.
9. Father's Occupation Carpenter
10. Father's Birthplace Balt. Md.
- Name of Medical Attendant, or other Person who makes this return Perottha Brune
- Address 114 Battery St.
- Remarks _____

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4. 243.

RETURN OF A BIRTH.

21724

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*
1. Sex (state whether Male or Female) *female*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *Mar. 9. 1877*
4. Place of Birth (Street and Number) *Olson's St No 371*
5. Full Name of Mother *Williamina Frost*
6. Mother's Maiden Name *Green*
7. Mother's Birthplace *Graphish, Prussia*
8. Full Name of Father *Michael Frost*
9. Father's Occupation *Teacher*
10. Father's Birthplace *Weglot, Prussia*
- Name of Medical Attendant, or other Person who makes this return *Mrs. Johanna Frankish*
- Address *York St. No 28*
- Remarks *married*

Notice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21725



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

11th

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

3. Date of Birth

Nov 9th 1877

4. Place of Birth (Street and Number)

334 Eastern Ave

5. Full Name of Mother

Christina Crisp

6. Mother's Maiden Name

Schneider

7. Mother's Birthplace

Germany

8. Full Name of Father

Benjamin Crisp

9. Father's Occupation

Shoemaker

10. Father's Birthplace

Ireland

Name of Medical Attendant, or other Person who makes this return

Mrs Elizabeth Buschmann

Address

120 Bank St

Remarks

NOTE: At the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21/26



To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Nov 2nd 1877.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *November 9th 1877.*
4. Place of Birth (Street and Number) *No 868 Alice Ann St.*
5. Full Name of Mother *Wilhelmina Howard*
6. Mother's Maiden Name *Wilhelmina Kohlbus*
7. Mother's Birthplace *Germania*
8. Full Name of Father *J. E. Howard*
9. Father's Occupation *Canner*
10. Father's Birthplace *America*
- Name of Medical Attendant, or other Person who makes this return *Mrs. Mary Amend*
- Address *No 378 Wolf St*
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21727

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY. November 12 - 1877



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th
- Sex (state whether Male or Female) Female
 - Race or Color (if not of the white race) White
 - Date of Birth Nov. 9th 1877
 - Place of Birth (Street and Number) No 173 Madiera Alley
 - Full Name of Mother Luisa Amerhein
 - Mother's Maiden Name Luisa Fidel
 - Mother's Birthplace Germania
 - Full Name of Father Casper Amerhein
 - Father's Occupation Cooper
 - Father's Birthplace Germania
- Name of Medical Attendant, or other Person who makes this return Mrs. M. Amend
- Address No 137 S Wolfe St.
- Remarks

Every parent or any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21728

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) _____
1. Sex (state whether Male or Female) _____
2. Race or Color (if not of the white race) White ✓
3. Date of Birth Nov 9th 1877 ✓
4. Place of Birth (Street and Number) 404 W. Mulberry St. ✓
5. Full Name of Mother B. L. Clark ✓
6. Mother's Maiden Name B. L. Koup ✓
7. Mother's Birthplace Baltimore ✓
8. Full Name of Father Albert Clark ✓
9. Father's Occupation Teacher ✓
10. Father's Birthplace Baliv. Mo ✓
- Name of Medical Attendant, or other Person who makes this Return. _____
- Address _____
- Remarks _____

R. L. Spiering
379 W. Lombard St.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, to or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

21729

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. November 12.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 001st
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Vol 9 L 1877.
4. Place of Birth (Street and Number) West St N 115
5. Full Name of Mother Mary Hopkins
6. Mother's Maiden Name Angie Seipell
7. Mother's Birthplace Baltimore.
8. Full Name of Father Georg Hopkins
9. Father's Occupation Ref. Carten
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who made this Return. Dr. Martin Feh
- Address S. Bond St. N 75
- Remarks _____

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth November 2 1876
4. Place of Birth (Street and Number) No 1 Maple Street
5. Full Name of Mother Lizzie Jacob
6. Mother's Maiden Name Levy
7. Mother's Birthplace Baltimore
8. Full Name of Father Henry Jacob
9. Father's Occupation Shoe Maker
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this return Edgar Schmidt
- Address _____
- Remarks 1476 Avenue

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21731

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth November 9th 1877
4. Place of Birth (Street and Number) 444 Penn Ave
5. Full Name of Mother Maggie Ruth
6. Mother's Maiden Name Schuster
7. Mother's Birthplace Prussia
8. Full Name of Father Marion Ruth
9. Father's Occupation Cable
10. Father's Birthplace Prussia
- Name of Medical Attendant, or other Person who makes this return Clara Schmidt
- Address
- Remarks 444 Penn Ave

State the day's increment, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5

1. Sex (state whether Male or Female)

White Female

2. Race or Color (if not of the white race)

December 1st 1877

3. Date of Birth

White

4. Place of Birth (Street and Number)

W. V. Wakarusa

5. Full Name of Mother

Esther King

6. Mother's Maiden Name

" Alt

7. Mother's Birthplace

Prussia

8. Full Name of Father

John King

9. Father's Occupation

Labr.

10. Father's Birthplace

Prussia

Name of Medical Attendant, or other Person who makes this return

Cliff Shunt

Address

Remarks

1878 Anna Doe

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21733

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

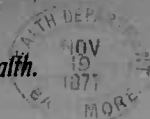


- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) colored
3. Date of Birth Nov The 9
4. Place of Birth (Street and Number) No 49 More city
5. Full Name of Mother Mary E. Hooker
6. Mother's Maiden Name
7. Mother's Birthplace May Land
8. Full Name of Father John P. Cornish
9. Father's Occupation Walter
10. Father's Birthplace West River
- Name of Medical Attendant, or other Person who makes this Return. Louisa Cornish
- Address No 49 More city
- Remarks

RETURN OF A BIRTH.

21734

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



Name, Charles Henry Wolf Jr.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

November the 8th 1877

4. Place of Birth (Street and Number)

No 82 Lemon St.

5. Full Name of Mother

Georganna. Keing. Wolf.

6. Mother's Maiden Name

" " Snyder.

7. Mother's Birthplace

Baltimore. Md. D.

8. Full Name of Father

Charles Henry Wolf.

9. Father's Occupation

Blacksmith's helper

10. Father's Birthplace

Baltimore. Md. D.

Name of Medical Attendant, or other Person who makes this Return.

Address.

Home Lemon St 66 Schaefer

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 9th November, 1877

4. Place of Birth (Street and Number) Baltimore No 127 North Euter St.

5. Full Name of Mother Irmina Calster

6. Mother's Maiden Name Irmina Bullmann

7. Mother's Birthplace Germany

8. Full Name of Father Mathias Calster

9. Father's Occupation Mechanic

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this return Dina Hillegust

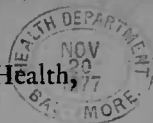
Address No 182 Monument St

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21736



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *October 9th 1877.*
4. Place of Birth (Street and Number) *No 62 Orleans st.*
5. Full Name of Mother *Mary Gung.*
6. Mother's Maiden Name *Mary Kahl,*
7. Mother's Birthplace *Germany.*
8. Full Name of Father *William Gung.*
9. Father's Occupation *Bakery*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this return *Hena Heitzgeist.*
- Address *No 182 E monument st.*
- Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21737



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Female 2d,*
1. Sex (state whether Male or Female)
2. Race or Color (if not of the white race) *White*
3. Date of Birth *November 9th 1877*
4. Place of Birth (Street and Number) *354 Bayard ave.*
5. Full Name of Mother *Eurith Johns.*
6. Mother's Maiden Name *Eurith Baels.*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Richard Johns.*
9. Father's Occupation *Magistrate*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this return *Sina Hillegast*
- Address *No. 182 Monument St.*
- Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *the 6 child*
1. Sex (state whether Male or Female) *female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *the 10 of November.*
4. Place of Birth (Street and Number) *Lusene Street No. 42 Baltimore*
5. Full Name of Mother *Martha Johnson*
6. Mother's Maiden Name *Martha Meeks*
7. Mother's Birthplace *Annanville County*
8. Full Name of Father *Robert Pearson*
9. Father's Occupation *Bank Dealer*
10. Father's Birthplace *Annanville County*
Name of Medical Attendant, or other Person who makes this return *Mary L. Swanger*
Address *No 51 Lusene Street Baltimore*
Remarks *the child live born and well.*

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 11 11 11
1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) Caucasian
3. Date of Birth May 10
4. Place of Birth (Street and Number) 164 North Hollings St.
5. Full Name of Mother Wendell Jackson
6. Mother's Maiden Name Wendell Jackson
7. Mother's Birthplace Baltimore
8. Full Name of Father Wendell Jackson
9. Father's Occupation laborer
10. Father's Birthplace Robert Co. Md
- Name of Medical Attendant, or other Person who makes this Return. Chas. Lewis Jackson
- Address 21032 East St.
- Remarks Healthy Child

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th* *1*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Nov 10th 1877*
4. Place of Birth (Street and Number) *Washington Street Cor Dager*
5. Full Name of Mother *Laura D. Ratcliffe*
6. Mother's Maiden Name *Laura D. Gordon*
7. Mother's Birthplace *Richmond Va*
8. Full Name of Father *Robert K. Ratcliffe*
9. Father's Occupation *Brotherman N. C. R. R.*
10. Father's Birthplace *Richmond Va*
Name of Medical Attendant, or other Person who makes this Return *J. Oliver Whiteford M.D.*
Address *#440 E. Chase Street*
Remarks *Physical condition not very promising, only one child living sub. died in Early Infancy*

Give no title of any child, within the City of Baltimore, until report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21741

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Nov. 10th 1874

4. Place of Birth (Street and Number)

35 E. Carey St.

5. Full Name of Mother

Rosa P. Schenker

6. Mother's Maiden Name

Rosa Kamm

7. Mother's Birthplace

Baltimore City

8. Full Name of Father

William P. Schenker

9. Father's Occupation

Merchant

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

G. Lawrence Wilkins M.D.

Address

19 S. Broadway

Remarks

Persons at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd
male

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

10 Nov 1877

4. Place of Birth (Street and Number)

133 E. 1st St

5. Full Name of Mother

Mary McLamar

6. Mother's Maiden Name

Mary Hoeffer

7. Mother's Birthplace

U. States

8. Full Name of Father

John McLamar

9. Father's Occupation

Workman

10. Father's Birthplace

Ireland

Name of Medical Attendant, or other Person who makes this return

Sarah Gasper

Address

52 E. Lombard St

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21743

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) 3 Child
1. Sex (state whether ~~Male or Female~~) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth 10 November 1877
4. Place of Birth (Street and Number) 368 Cross St
5. Full Name of Mother. Harriet Smith
6. Mother's Maiden Name Harriet Stetney
7. Mother's Birthplace Annapolis Md
8. Full Name of Father Emanuel Smith
9. Father's Occupation Laborer
10. Father's Birthplace Talbott Co
Name of Medical Attendant, or other Person who makes this return Abigail Brooks
Address 210 Warner St
Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21744

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21743

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Nov 10. 97.*
4. Place of Birth (Street and Number) *473 W Franklin St*
5. Full Name of Mother *India Ann Virginia Welsh*
6. Mother's Maiden Name *Friedrichs*
7. Mother's Birthplace *Carroll Co Md*
8. Full Name of Father *David L Welsh*
9. Father's Occupation *Clerk in Custom House*
10. Father's Birthplace *Bales*
- Name of Medical Attendant, or other Person who makes this Return *L. M. Costman*
- Address *319 Leet*
- Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH. 21746

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *child 2d.*
1. Sex (state whether Male or Female) *Male.*
2. Race or Color (if not of the white race) *White.*
3. Date of Birth *10. of November 1877,*
4. Place of Birth (Street and Number) *at 30. Abbott St. Baltimore,*
5. Full Name of Mother *Josephine Giger,*
6. Mother's Maiden Name *J. Pajourek,*
7. Mother's Birthplace *Bohemia.*
8. Full Name of Father *John Giger,*
9. Father's Occupation *Sabrerer*
10. Father's Birthplace *Bohemia*
Name of Medical Attendant, or other Person who makes this Return. *Katerina Pajourek*
Address *at 41. Abbott St Balto.*
Remarks *Born Girl,*

Attest at the City of Baltimore, this _____ day of _____, 1877, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) Colored
3. Date of Birth November 10 1894
4. Place of Birth (Street and Number) 4 Garden Street
5. Full Name of Mother Martha Bowen
6. Mother's Maiden Name Martha Thomas
7. Mother's Birthplace St. Mary's County
8. Full Name of Father George Bowen
9. Father's Occupation Waiter
10. Father's Birthplace Talbot County
- Name of Medical Attendant, or other Person who makes this Return. Hester Bordley Doctus
- Address 85 Orchard Street
- Remarks

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Male

White

10th of Nov. 1877.

480 E. Eden St.

Rev. Jacob. Fister. Swiss

Dorothea. Tangmeyer.

Baltimore

Rev. Jacob. Fister

Preacher.

Germany

Mary Waller

126 N. Caroline St

Baltimore. Md.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this return

Address

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21750

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

Colored

3. Date of Birth

November 10

4. Place of Birth (Street and Number)

Edgemoor 84

5. Full Name of Mother

Anny Johnson

6. Mother's Maiden Name

Anny Croce

7. Mother's Birthplace

Calvert County

8. Full Name of Father

Eric Johnson

9. Father's Occupation

Stove fixer and does up stoves

10. Father's Birthplace

Calvert County

Name of Medical Attendant, or other Person who makes this Return.

Mary Ann Doussy 120 Myrtle St

Address

Five dollars

Remarks

Washing woman

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21757

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3^d

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Nov 10 1877

4. Place of Birth (Street and Number)

No 259 William St

5. Full Name of Mother

Emma Reeder

6. Mother's Maiden Name

Emma Meradille

7. Mother's Birthplace

Pcty

8. Full Name of Father

John Reeder

9. Father's Occupation

Machinist

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return

W B Stoble M D

Address

17 Warren St

Remarks

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21752

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) Celand
3. Date of Birth May 11.
4. Place of Birth (Street and Number) 267 Durham st
5. Full Name of Mother Estle Hatten
6. Mother's Maiden Name Estle Briggs
7. Mother's Birthplace Cleamack Co. Va.
8. Full Name of Father William Hatten
9. Father's Occupation cook at sea
10. Father's Birthplace Cleamack Co. Va.
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Leas Johnson
- Address no 32 Short st
- Remarks Healthy child

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *11 April 1877*
4. Place of Birth (Street and Number) *Baltimore, Darnall St. 42*
5. Full Name of Mother *Leah Worker nee*
6. Mother's Maiden Name *northern*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Geo Worker nee*
9. Father's Occupation *tailor*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. J. M. Smith*
- Address *No. 29 W. 1st St.*
- Remarks *Baltimore, Md.*

RETURN OF A BIRTH.

21754

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*
 Sex (state whether Male or Female) _____
 Race or Color (if not of the white race) *White*
 Date of Birth *November 11, 1877*
 Place of Birth (Street and Number) *Hampstead St. No. 29*
 Full Name of Mother *Wm. T. Vinson*
 Mother's Maiden Name *Wm. T. Haid*
 Mother's Birthplace *Dublin W. Gr. Brittanien Europa*
 Full Name of Father *Thomas Vinson*
 Father's Occupation *Carpenter*
 Father's Birthplace *Glasgow W. Gr. Brittanien Europa*
 Name of Medical Attendant, or other Person who makes this return *Herr E. Muller*
 Address *N. Dallas St. No. 25*
 Remarks _____

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

21755

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Seventh (7th)*
 1. Sex (state whether Male or Female) *Male.*
 2. Race or Color (if not of the white race) *White*
 3. Date of Birth *Friday Novr 11th 1877*
 4. Place of Birth (Street and Number) *218. N. Caroline Street*
 5. Full Name of Mother *Elizabeth Doss*
 6. Mother's Maiden Name *Becker*
 7. Mother's Birthplace *Prussia*
 8. Full Name of Father *Dynham Doss*
 9. Father's Occupation *(Clothing) Cutter*
 10. Father's Birthplace *Germany.*
 Name of Medical Attendant, or other Person who makes this Return. *Dr. Solover 1110*
 Address *St. George & Caroline Street*
 Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Sixth*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Friday November 11th 77*
4. Place of Birth (Street and Number) *226. East Chase Street*
5. Full Name of Mother *Mary Hoffmann*
6. Mother's Maiden Name *Duselo*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *John Hoffmann*
9. Father's Occupation *Arab*
10. Father's Birthplace *Balto City*
- Name of Medical Attendant, or other Person who makes this Return. *Frederick M. H.*
- Address *S. E. Co Bayard Caroline Street*
- Remarks

RETURN OF A BIRTH.

21737

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of Mother (state whether 1st, 2d, 3d, &c.) one
Whether Male or Female female
Color (if not of the white race) White
Birth The 11th November
Birth (Street and Number) Baltimore Port at St. y
of Mother Ann Reed Myers
Maiden Name Ann Reed Perrenell
Birthplace Baltimore
of Father George A. Myers
Occupation laborer
Birthplace Anne Arundel County Md
Medical Attendant, or other Person who Elizabeth Hathorn
makes this Return. port at St. y

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. It is or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.



To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. November 12th 1877.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th

1. Sex (state whether Male or Female) Male.

2. Race or Color (if not of the white race) White.

3. Date of Birth Nov 11th 1877.

4. Place of Birth (Street and Number) No 121 S. Wolfe St.

5. Full Name of Mother Ann Ruth.

6. Mother's Maiden Name Ann Warner

7. Mother's Birthplace Germania

8. Full Name of Father Silvester Ruth.

9. Father's Occupation Cigar-maker.

10. Father's Birthplace Germania

Name of Medical Attendant, or other Person who makes this return

Address No 137 S Wolfe St.

Remarks

not vice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21759



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race)

3. Date of Birth *November 14th 1877*

4. Place of Birth (Street and Number) *No 159 S. Wolf St.*

5. Full Name of Mother *Guskie Perry*

6. Mother's Maiden Name *Martins*

7. Mother's Birthplace *City*

8. Full Name of Father *Henry Perry*

9. Father's Occupation *Cropper*

10. Father's Birthplace *City*

Name of Medical Attendant, or other Person who makes this return *Mrs Elizabeth Baishman*

Address *120 Bass St*

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

8th

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Nov. 11. 1877-

4. Place of Birth (Street and Number)

112 Moskee St-

5. Full Name of Mother

Salina Stidman,

6. Mother's Maiden Name

Crook

7. Mother's Birthplace

Bristol, England,

8. Full Name of Father

John Fred. Stidman,

9. Father's Occupation

Prop. "Mach. Wre Works"-

10. Father's Birthplace

Clifton, England

Name of Medical Attendant, or other Person who makes this Return.

J. F. Engle M.D.
217 Ledwale St

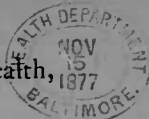
Address

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21761



To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sixth

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

November 11 - 1877

4. Place of Birth (Street and Number)

321 Canton Ave

5. Full Name of Mother

J. M. Keely

6. Mother's Maiden Name

Johannah Mullany

7. Mother's Birthplace

Tipperary, Ireland

8. Full Name of Father

J. F. Keely

9. Father's Occupation

Laborer

10. Father's Birthplace

Tipperary, Ireland

Name of Medical Attendant, or other Person who makes this return

Mrs. Mary E. Simon

Address

203 Washington St

Remarks

JS

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21762



To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *11th Nov. 1877.*
4. Place of Birth (Street and Number) *36 Dallas Str.*
5. Full Name of Mother *Miss W. Bantum*
6. Mother's Maiden Name *Miss W. Cornish*
7. Mother's Birthplace *Born. Baltimore City.*
8. Full Name of Father *Robert Henry Bantum.*
9. Father's Occupation *Caroline County.*
10. Father's Birthplace *Labor.*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Mary Wall*
- Address *125 N. Caroline St.*
- Remarks *Baltimore City.*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

first c
female
white
11 of November
german st 206
Mary Fisher
Mary Fisher
Germany
X X X
X X X
Mrs Sebach
439 west pratt st

in case at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21764-

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Seventh

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

November 11, 1877

4. Place of Birth (Street and Number)

No. 40. S. Mount Street

5. Full Name of Mother

Ottilia Josephina Hanson.

6. Mother's Maiden Name

Ottilia J. Trustel.

7. Mother's Birthplace

Baltimore Md.

8. Full Name of Father

Charles William Hanson.

9. Father's Occupation

Organist & Teacher.

10. Father's Birthplace

Philadelphia, Pa.

Name of Medical Attendant, or other Person who make this Return.

W. S. Lumbard

Address

60 Lehigh

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21763
HEALTH DEPARTMENT
NOV 19 1877
BALTIMORE

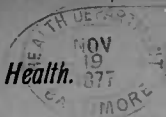
To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2^d*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Nov. 11 1877*
4. Place of Birth (Street and Number) *308 J. Eutaw st.*
5. Full Name of Mother *Sophia Beinckla*
6. Mother's Maiden Name *Giese*
7. Mother's Birthplace *Henry, Heinsla Balto*
8. Full Name of Father *Dr. Henry Beinckla*
9. Father's Occupation *Dr. Genl. Dealer*
10. Father's Birthplace *Balto*
- Name of Medical Attendant, or other Person who makes this return *Mary Hood*
- Address *308 J. Eutaw st.*
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second
Male

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

Eleventh day of Sep November 1877

4. Place of Birth (Street and Number)

No 364 Mulberry St.

5. Full Name of Mother

Elizabeth C. Schuster.

6. Mother's Maiden Name

E. C. Waltjen.

7. Mother's Birthplace

Baltimore.

8. Full Name of Father

August Schuster.

9. Father's Occupation

Book-keeper.

10. Father's Birthplace

Baltimore.

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Dummer.

Address

60 Lenox Ave.

Remarks

as near as the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21767

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

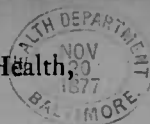


- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2^d*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race): *White*
3. Date of Birth *11 November 1877*
4. Place of Birth (Street and Number) *Baltimore No 315 Canal St*
5. Full Name of Mother *Dora Behling*
6. Mother's Maiden Name *Dora Haupt*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Alburt. Behling*
9. Father's Occupation *Butcher*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return *Dina Willigist*
- Address *No 182 Monument St*
- Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth October 11th 1877
4. Place of Birth (Street and Number) No 58 Emor st.
5. Full Name of Mother Johanne Biermann
6. Mother's Maiden Name Johanne Kortmann
7. Mother's Birthplace Germany
8. Full Name of Father Louis Biermann
9. Father's Occupation Clerk
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this return Lina Killgust
- Address No 182 Monument Street
- Remarks

MISSING

21769

Advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) _____
3. Date of Birth 11 Nov 1877
4. Place of Birth (Street and Number) 13 McIdarmy Alley
5. Full Name of Mother Maria Kappel
6. Mother's Maiden Name Kraus
7. Mother's Birthplace Germany
8. Full Name of Father Leopold Kappel
9. Father's Occupation Tailor
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Gertraud Miller
- Address 151 E Pratt St.
- Remarks _____

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21771

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 12th Nov. 77
4. Place of Birth (Street and Number) 46 S. Oregon St
5. Full Name of Mother Anna Quinn
6. Mother's Maiden Name Paul
7. Mother's Birthplace Baltimore
8. Full Name of Father High Quinn
9. Father's Occupation Carpenter
10. Father's Birthplace Pennsylvania
- Name of Medical Attendant, or other Person who makes this Return. H. N. Smith
- Address No 11 S. Oregon St
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. He or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21772

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 13th Nov 77

4. Place of Birth (Street and Number) 588 Lombard St

5. Full Name of Mother Nellie Newport

6. Mother's Maiden Name " "

7. Mother's Birthplace NY

8. Full Name of Father W. Barker

9. Father's Occupation Shoe dealer

10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return H. N. Shuttles

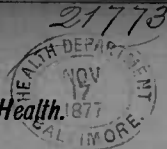
Address No 11 S. Green St

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 15
1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) Colored
3. Date of Birth 12th November
4. Place of Birth (Street and Number) 33 Shutter St
5. Full Name of Mother Elizabeth Taylor
6. Mother's Maiden Name Elizabeth Barnett
7. Mother's Birthplace Golbert County, M D
8. Full Name of Father I do not know
9. Father's Occupation I do not know
10. Father's Birthplace 1 1 1 1 1 1
- Name of Medical Attendant, or other Person who makes this Return. Mary Barber
- Address 51 Jefferson St
- Remarks not any

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6*

1. Sex (state whether Male or Female) *male*

2. Race or Color (if not of the white race) *colored*

3. Date of Birth *november 12 1877*

4. Place of Birth (Street and Number) *52 Radburg street*

5. Full Name of Mother *Fannie Hall*

6. Mother's Maiden Name *Fannie Brown*

7. Mother's Birthplace *Virginia*

8. Full Name of Father *William Hall*

9. Father's Occupation *laborer*

10. Father's Birthplace *Baltimore City*

Name of Medical Attendant, or other Person who makes this Return. *Hester Bordley Doctress*

Address *85 Ashard street*

Remarks

RETURN OF A BIRTH.

21775

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th Child*

Sex (state whether Male or Female)

Race or Color (if not of the white race) *White*

Date of Birth *November the 12. 1877*

Place of Birth (Street and Number) *N. Durham St. No 24*

Full Name of Mother. *Mary J. O'Brien*

Mother's Maiden Name *Mary J. Heppen*

Mother's Birthplace *Baltimore City*

Full Name of Father *John O'Brien*

Father's Occupation *Laborer*

Father's Birthplace *County Washford. Co. Gr. Brittain Europe*

Name of Medical Attendant, or other Person who makes this return *Mary E. Muller*

Address *N. Dallas St No 26.*

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the 10
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth the 17. November
4. Place of Birth (Street and Number) W. H. Hall. on No. 232.
5. Full Name of Mother Ana. Ellen Stein.
6. Mother's Maiden Name Ana Kupper
7. Mother's Birthplace Germany.
8. Full Name of Father Wig. Kupper
9. Father's Occupation Schm. Maker
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Wm. Lauer
- Address 175 Kieferstr.
- Remarks

Return of the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21777

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *November 12th 1877*
4. Place of Birth (Street and Number) *490 Franklin St*
5. Full Name of Mother *Josephine Dorsey Cassell*
6. Mother's Maiden Name *Anderson*
7. Mother's Birthplace *Balto. City*
8. Full Name of Father *Jacob Henry Cassell*
9. Father's Occupation *Clerk*
10. Father's Birthplace *Balto. City*
Name of Medical Attendant, or other Person who makes this Return. *L. W. Knight - M.D.*
Address *112 N. Greene*
Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *12 November*
4. Place of Birth (Street and Number) *7th Street*
5. Full Name of Mother *Henrietta Miller*
6. Mother's Maiden Name *Henrietta Smith*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *H. W. Smith*
9. Father's Occupation *Boiler*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return.
- Address
- Remarks *Marret E. M.*

Births at the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The 2^d Child*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Caucasian*
3. Date of Birth *12th of November*
4. Place of Birth (Street and Number) *No 230 Hughes St*
5. Full Name of Mother *Ann Elizabeth Clifton*
6. Mother's Maiden Name *Ann Elizabeth Denny*
7. Mother's Birthplace *Beach alls City*
8. Full Name of Father *Joseph Clifton*
9. Father's Occupation *Writer*
10. Father's Birthplace *Massachusetts*
- Name of Medical Attendant, or other Person who makes this return *Sarah Jane Willson*
- Address *No 230 Hughes Street*
- Remarks

Persons in the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

Colored

3. Date of Birth

November 12

4. Place of Birth (Street and Number)

Clarett Alley No 17

5. Full Name of Mother

Mary fisher

6. Mother's Maiden Name

Heavens

7. Mother's Birthplace

Calvert County Md.

8. Full Name of Father

George fisher

9. Father's Occupation

Labour

10. Father's Birthplace

Calvert County Md.

Name of Medical Attendant, or other Person who makes this Return.

Caroline fisher

Address

No 9 House Corn

Remarks

Midwife

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21781



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

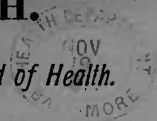
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) _____
3. Date of Birth 12th Nov 1897
4. Place of Birth (Street and Number) 105 Franklin St
5. Full Name of Mother A. Anderson
6. Mother's Maiden Name Radzger
7. Mother's Birthplace Germany
8. Full Name of Father Conrad Anderson
9. Father's Occupation Porter
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this return Lurah Gierke
- Address 32 E. Lexington St
- Remarks _____

returned at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21782

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Nov 12 1877
4. Place of Birth (Street and Number) 607 Gay St
5. Full Name of Mother Mattie C Grey
6. Mother's Maiden Name Roche
7. Mother's Birthplace Baltimore Co
8. Full Name of Father Frank M Grey
9. Father's Occupation Book Merchant
10. Father's Birthplace Baltimore Md
Name of Medical Attendant, or other Person who makes this Return. Wm R. R. R. M.D.
Address 87 Mulberry St
Remarks

advise at the birth of any child. within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 child
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth. Nov 12 of 1877
4. Place of Birth (Street and Number) St. 16
5. Full Name of Mother Marion
6. Mother's Maiden Name Marion
7. Mother's Birthplace Baltimore
8. Full Name of Father Trinity
9. Father's Occupation
10. Father's Birthplace
- Name of Medical Attendant, or other Person who makes this Return. Dr. H. H. H.
- Address St. 16
- Remarks W. H. H.

RETURN OF A BIRTH.

21784

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth Child
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth November 12th 1877
4. Place of Birth (Street and Number) N^o 18 Republic St
5. Full Name of Mother Mrs E. Fisher
6. Mother's Maiden Name Ann E. Zapp
7. Mother's Birthplace Baltimore County
8. Full Name of Father Anthony Fisher
9. Father's Occupation Liver Merchant
10. Father's Birthplace Baltimore City
- Name of Medical Attendant, or other Person who makes this Return. Thomas Lippington M.D.
- Address 70 Centre St
- Remarks

and any physician, apothecary, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

21785



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *November 12th 1877*
4. Place of Birth (Street and Number) *Harrison str.*
5. Full Name of Mother *Ester Krolowich*
6. Mother's Maiden Name *" Sannel*
7. Mother's Birthplace *Polland*
8. Full Name of Father *Julius Krolowich*
9. Father's Occupation *Pedler*
10. Father's Birthplace *Polland*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. Bernstein*
- Address *113 E. Lombard str.*
- Remarks

attest at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

28786



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *November 12th 1877*
4. Place of Birth (Street and Number) *88 S. Charles Street*
5. Full Name of Mother *Laura Hopkins*
6. Mother's Maiden Name *" Matthews*
7. Mother's Birthplace *Ellicott City, Md.*
8. Full Name of Father *Charles E. Hopkins*
9. Father's Occupation *Ship Joiner*
10. Father's Birthplace *Baltimore, Md.*
- Name of Medical Attendant, or other Person who makes this return *James P. [Signature]*
- Address *8 S. Broadway*
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21787

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *Nov 13 to 1877*
4. Place of Birth (Street and Number) *214 138 West St*
5. Full Name of Mother *Pauline Miller*
6. Mother's Maiden Name *Truffer*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Andreas Miller*
9. Father's Occupation *Cooper*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this return *J. L. Gassner midwife*
- Address *213 Cross St*
- Remarks

RETURN OF A BIRTH.

21788

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

(state whether Male or Female)

Female

or Color (if not of the white race).

White

of Birth

13th

of Birth (Street and Number)

9th Division St

Name of Mother

Fane Foster

er's Maiden Name

Fane M^{rs} Lean

's Birthplace

Baltimore

Name of Father

Thomas Foster

's Occupation

Plumber and Gas Fitter

's Birthplace

Baltimore

of Medical Attendant, or other Person who makes this Return.

M^{rs} Fane Guz

MAK

arks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21789

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *12th*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *Brown complexion*
3. Date of Birth *Nov 13th 1877*
4. Place of Birth (Street and Number) *# 13 Hamilton Street*
5. Full Name of Mother *Mary E. Chapman*
6. Mother's Maiden Name *" " Thomas*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Nelson Chapman*
9. Father's Occupation *Waiter*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Amelia Johnson*
- Address *# 6 Hamilton Street*
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21790

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd
Male

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

White

3. Date of Birth

November 13th 1877

4. Place of Birth (Street and Number)

147 S. Washington St.

5. Full Name of Mother

Bridget G. Busher

6. Mother's Maiden Name

Bridget G. Holman

7. Mother's Birthplace

State of Iowa, W.C.

8. Full Name of Father

Timothy C. Busher

9. Father's Occupation

Drum

10. Father's Birthplace

State of Iowa, W.C.

Name of Medical Attendant, or other Person who makes this Return.

J. Lawson McKissick M.D.

Address

47 So. Broad Street

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Nov 13/77

4. Place of Birth (Street and Number)

101 South St

5. Full Name of Mother

Amelia S. S. S.

6. Mother's Maiden Name

Amelia S. S.

7. Mother's Birthplace

Baltimore

8. Full Name of Father

W. Ashmun S. S.

9. Father's Occupation

Engineer

10. Father's Birthplace

Central Co Md

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

H. L. S. S.
375 W. Lincoln St

At the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21792

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this return

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21793

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third child

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

13th of November

4. Place of Birth (Street and Number)

38, Lemon St

5. Full Name of Mother

Anna Provost

6. Mother's Maiden Name

Anna Snyder

7. Mother's Birthplace

Calvert City

8. Full Name of Father

Roger Provost

9. Father's Occupation

Machine operator

10. Father's Birthplace

Bramherill Canada

Name of Medical Attendant, or other Person who makes this Return.

Address

Anna Dunbar 60 Shuter

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21794
HEALTH DEPT
NOV 19 1877
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3^d*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Nov. 13th*
4. Place of Birth (Street and Number) *327 Hamburg St*
5. Full Name of Mother *Charlotte Hiesterman*
6. Mother's Maiden Name *Kattadav*
7. Mother's Birthplace *Prussia*
8. Full Name of Father *August Hiesterman*
9. Father's Occupation *Pharmaceutical*
10. Father's Birthplace *Prussia*
- Name of Medical Attendant, or other Person who makes this return *Wm. Keen*
- Address *328 Jones Baltimore 25th*
- Remarks

deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 21795

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

3. Date of Birth

November 13th 1877

4. Place of Birth (Street and Number)

No 229 W. Fayette St.

5. Full Name of Mother

Mary Virginia Molesworth

6. Mother's Maiden Name

Mary Virginia Daffin

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Samuel H. Molesworth

9. Father's Occupation

Telegraph Operator

10. Father's Birthplace

Frederick Co. Md

Name of Medical Attendant, or other Person who makes this return

Mrs Jane Winnebarger

Address

No 23 N. Liberty St.

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children; born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 21797

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3^d
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Nov 13, 1877
4. Place of Birth (Street and Number) 184, Lexington str,
5. Full Name of Mother Kate W. Boykin,
6. Mother's Maiden Name Kate W. Wilkins,
7. Mother's Birthplace Dorchester Mass,
8. Full Name of Father Thomas J. Boykin,
9. Father's Occupation Merchant
10. Father's Birthplace Lancaster Mass,
- Name of Medical Attendant, or other Person who makes this Return. Henry L. Sykes
- Address 139 St. Lexington str,
- Remarks A normal labor with perineal laceration.
Mother & child doing well.

any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Nov 13th 1877
4. Place of Birth (Street and Number) Cor. N. Gibson St. & Liberty Road
5. Full Name of Mother Annie ~~Porter~~ Sugersoll
6. Mother's Maiden Name Annie Atwater
7. Mother's Birthplace Buffalo
8. Full Name of Father William D. Lacey Sugersoll
9. Father's Occupation Grain Merchant
10. Father's Birthplace Buffalo
- Name of Medical Attendant, or other Person who makes this Return Dr. Williams M.D.
- Address 201 Madison Ave
- Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3^d

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Apr 13th 1872

4. Place of Birth (Street and Number)

1111 Elizabeth Lane

5. Full Name of Mother

Catherine Strigler

6. Mother's Maiden Name

Catherine Kestner

7. Mother's Birthplace

Germany

8. Full Name of Father

Michael Strigler

9. Father's Occupation

Miller

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Catherine Horner

Address

1100 106

West St

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

21800

HEALTH
NOV
30
5
MORE

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.
1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) white
3. Date of Birth 13. of November 1877.
4. Place of Birth (Street and Number) 27. Heath str.
5. Full Name of Mother Mary Apollonia Samfel
6. Mother's Maiden Name Greenberger
7. Mother's Birthplace Nürnberg Germany
8. Full Name of Father Edward Henry Samfel
9. Father's Occupation Machinist
10. Father's Birthplace Cismabrick Germany
- Name of Medical Attendant, or other Person who makes this Return.
- Address Mrs. M. Strong.
- Remarks No. 92 Lincoln St. recd.

Persons attending to any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21801

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3^d
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth 13th November 1877
4. Place of Birth (Street and Number) No 10 Monument St. Baltimore
5. Full Name of Mother Mary Fohlermann.
6. Mother's Maiden Name Mary Gareis.
7. Mother's Birthplace Baltimore.
8. Full Name of Father Nichlaus Fohlermann.
9. Father's Occupation Shoemaker.
10. Father's Birthplace Germany.
- Name of Medical Attendant, or other Person who makes this return Dr. Willegeist
- Address No 182 Monument St.
- Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Female.*
2. Race or Color (if not of the white race) *white.*
3. Date of Birth *13 November 1877.*
4. Place of Birth (Street and Number) *No 18. Monument Ave.*
5. Full Name of Mother *Maggie Rohader.*
6. Mother's Maiden Name *Maggie Popp.*
7. Mother's Birthplace *Baltimore.*
8. Full Name of Father *B. F. Rohader.*
9. Father's Occupation *Bakery.*
10. Father's Birthplace *Baltimore.*
- Name of Medical Attendant, or other Person who makes the return *Dina Hillegeist.*
- Address *No 182. Monument. St.*
- Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent's, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21803

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Apr 14th 1877
4. Place of Birth (Street and Number) No 130 N. Register Street
5. Full Name of Mother Anna Johnson
6. Mother's Maiden Name Johnson
7. Mother's Birthplace Baltimore City
8. Full Name of Father Wm. Green
9. Father's Occupation Port Guard
10. Father's Birthplace " "
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Lucy Holford
- Address No 130 N. Register Street
- Remarks Health cannot give satisfactory birth

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

218011



To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Her Child*
1. Sex (state whether Male or Female)
2. Race or Color (if not of the white race) *White*
3. Date of Birth *November the 14. 1877*
4. Place of Birth (Street and Number) *Eastern Ave. No. 71*
5. Full Name of Mother. *Sarah Banis*
6. Mother's Maiden Name *Sarah Wiggins*
7. Mother's Birthplace *Baltimore City*
8. Full Name of Father *Joseph Banis*
9. Father's Occupation *Carpenter*
10. Father's Birthplace *Baltimore City*
- Name of Medical Attendant, or other Person who makes this return *Harry E. Muller*
- Address *N. Dallas St. No. 26*
- Remarks

advise at the birth of any child, within the City of Baltimore, or other person in charge, who shall attend, assist or within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 child

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth 14 November

4. Place of Birth (Street and Number) No 5 Summers Alley

5. Full Name of Mother Elizabeth Magrory

6. Mother's Maiden Name Elizabeth Dargatz

7. Mother's Birthplace Ireland

8. Full Name of Father John Magrory

9. Father's Occupation Laborer

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this return Mrs Elgin Fleming

Address No 77 Wisconsin St

Remarks Baltimore Md

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21806

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *seventh*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *14 November*
4. Place of Birth (Street and Number) *Bellair Ave.*
5. Full Name of Mother *Anna Kotalik*
6. Mother's Maiden Name *Kotlik*
7. Mother's Birthplace *Kyöslie Bohemia*
8. Full Name of Father *Karel Pipa*
9. Father's Occupation *Schneidmacer*
10. Father's Birthplace *Belikan*
- Name of Medical Attendant, or other Person who makes this Return. *J. Conrad*
- Address *20 Danforth*
- Remarks

Parents at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21807



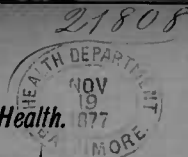
To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) _____
3. Date of Birth 14th Nov. 1877
4. Place of Birth (Street and Number) 34 Pratt
5. Full Name of Mother Elizabeth F. Fishman
6. Mother's Maiden Name Schneider
7. Mother's Birthplace Germany
8. Full Name of Father Lawrence Fishman
9. Father's Occupation Labourer
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this return Dr. J. C. Carpenter
- Address 516 Lombard
- Remarks _____

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex (state whether Male or Female) *Male,*
2. Race or Color (if not of the white race)
3. Date of Birth *Nov. 14th. 1877*
4. Place of Birth (Street and Number) *23 N. Eden St.*
5. Full Name of Mother *Ella Robinson,*
6. Mother's Maiden Name *" Wade*
7. Mother's Birthplace *Balt. Md.*
8. Full Name of Father *George Wilford Robinson*
9. Father's Occupation *Cylinger U. S. A.*
10. Father's Birthplace *Balt. Md.*
- Name of Medical Attendant, or other Person who makes this Return. *L. Clauville, Runk M. D.*
- Address *Balt. & Wash. sts.*
- Remarks *Natural,*

Every person born in or any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21809

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *November 14th 1877*
4. Place of Birth (Street and Number) *No 66 Chatsworth St.*
5. Full Name of Mother *Augusta Gough*
6. Mother's Maiden Name *Augusta Fox.*
7. Mother's Birthplace *Baltimore Co.*
8. Full Name of Father *George Gough*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Baltimore Co.*
Name of Medical Attendant, or other Person who makes this return *Mrs Jane Winneberger*
Address *No 23 N. Liberty St.*
Remarks

Return of a Birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21810

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2 d*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *white*

3. Date of Birth: *November 14 1877*

4. Place of Birth (Street and Number) *15 Thapstang street*

5. Full Name of Mother *Rebecca Greenwell*

6. Mother's Maiden Name *Rebecca Tanner*

7. Mother's Birthplace *America*

8. Full Name of Father *Georg Greenwell*

9. Father's Occupation *Plasterer*

10. Father's Birthplace *America*

Name of Medical Attendant, or other Person who makes this Return. *Mari R. Reudiger*

Address *134 W Bond street*

Remarks

Notice: In the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth 14 November

4. Place of Birth (Street and Number) Cherry Eden St.

5. Full Name of Mother Anna Davis

6. Mother's Maiden Name Leitch

7. Mother's Birthplace Baltimore

8. Full Name of Father Henry Pies

9. Father's Occupation Cigar-maker

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this return Dr. J. C. Simpson

Address 1270 Broadway St.

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21812

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8th

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Nov. 14th 1877

4. Place of Birth (Street and Number)

Baltimore Druid Hill Sta. No. 168

5. Full Name of Mother

Margaret M^{rs} Conley

6. Mother's Maiden Name

Conway

7. Mother's Birthplace

Ireland

8. Full Name of Father

Maurice M^{rs} Conley

9. Father's Occupation

Coachman

10. Father's Birthplace

Ireland

Name of Medical Attendant, or other Person who makes this return

Mrs. L. Mitchell

Address

No. 199 Parkers St

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21813

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th.

1. Sex (state whether Male or Female)

Female,

2. Race or Color (if not of the white race)

3. Date of Birth

Nov. 11th 1877

4. Place of Birth (Street and Number)

203 E. Balt. St.

5. Full Name of Mother

Fanny Brower Taylor

6. Mother's Maiden Name

" Brown

7. Mother's Birthplace

Balt. Md.

8. Full Name of Father

Samuel H. Taylor

9. Father's Occupation

Tobaccoist

10. Father's Birthplace

Balt. Md.

Name of Medical Attendant, or other Person who makes this Return

L. Glanville, M.D.

Address

Balt. & Wash. Sts.

Remarks

Normal

Notice of the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21814



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d*

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

November 14 1877

4. Place of Birth (Street and Number)

652 Light Street

5. Full Name of Mother

Anna Bonney

6. Mother's Maiden Name

" " Holmes

7. Mother's Birthplace

Baltimore

8. Full Name of Father

E. Bonney

9. Father's Occupation

Laborer

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this return

Catharina Münch

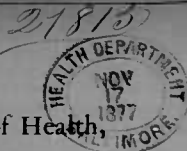
Address

74 Leadenhall St

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th Child* 11111
1. Sex (state whether Male or Female) _____
 2. Race or Color (if not of the white race) *White*
 3. Date of Birth *November Dec. 15. 1867*
 4. Place of Birth (Street and Number) *E. Madison St. No. 259.*
 5. Full Name of Mother *Regina Porter*
 6. Mother's Maiden Name *Regina Gerlach*
 7. Mother's Birthplace *Baltimore, Md.*
 8. Full Name of Father *James Porter*
 9. Father's Occupation *Carpenter*
 10. Father's Birthplace *Baltimore, Md.*
- Name of Medical Attendant, or other Person who makes this return *Mary E. Muller*
- Address *N. Dallas St. No. 26.*
- Remarks *dead born*

As the date of birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21816

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d &c.) *1st*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Nov. 15th 1877*
4. Place of Birth (Street and Number) *684 Bank St.*
5. Full Name of Mother *Lizzie Ball*
6. Mother's Maiden Name *Lizzie Schulz*
7. Mother's Birthplace *America*
8. Full Name of Father *Robert Ball*
9. Father's Occupation *Partner with Goodard Bros. Co.*
10. Father's Birthplace *America*
- Name of Medical Attendant, or other Person who makes this return *Mrs. Mary Amend.*
- Address *No. 137 Wolfe St.*
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21817

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 child
 1. Sex (state whether Male or Female) female
 2. Race or Color (if not of the white race) _____
 3. Date of Birth 16 Dec 1877
 4. Place of Birth (Street and Number) 24 Hollander St
 5. Full Name of Mother Mrs. M. M. M.
 6. Mother's Maiden Name M. M.
 7. Mother's Birthplace Baltimore
 8. Full Name of Father George M. M.
 9. Father's Occupation Druggist
 10. Father's Birthplace Baltimore Md
 Name of Medical Attendant, or other Person who makes this return _____
 Address 212 E. Pratt St Baltimore
 Remarks Baltimore

and, in case at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21818



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) _____
3. Date of Birth *13th Nov. 1877*
4. Place of Birth (Street and Number) *53 Cumberland*
5. Full Name of Mother *Catherine Hummer*
6. Mother's Maiden Name *Shuman*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Otto Hummer*
9. Father's Occupation *Fresco-painter*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this return *Charles Cooper*
- Address *152 E. Lombard*
- Remarks _____

Salvage at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21819

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 13 Nov 1877 ~~From Feb 1878~~
4. Place of Birth (Street and Number) 31 Green Blm St
5. Full Name of Mother Amanda Bailett
6. Mother's Maiden Name Griffith
7. Mother's Birthplace Montgomery Co Md
8. Full Name of Father George M. Bailett
9. Father's Occupation Merchant
10. Father's Birthplace Baltimore Md
- Name of Medical Attendant, or other Person who makes this Return. McKean M.D.
- Address 27 Mulberry St
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5 children
2. Female & Twin

1. Sex (state whether Male or Female)

White

2. Race or Color (if not of the white race)

3. Date of Birth

15. of November

4. Place of Birth (Street and Number)

pharm. St. N. 141

5. Full Name of Mother

Mary Burkhardt

6. Mother's Maiden Name

Mary Rumpf

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Leopold Burkhardt

9. Father's Occupation

carpenter

10. Father's Birthplace

in Bremen

Name of Medical Attendant, or other Person who makes this Return.

Messrs. Martin

Address

West St. N. 122

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



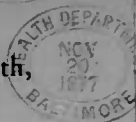
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5^c
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 15 Nov.
4. Place of Birth (Street and Number) 340 Hamburg St.
5. Full Name of Mother Emilia Miller
6. Mother's Maiden Name Smith
7. Mother's Birthplace 644 Balto.
8. Full Name of Father Gustav Miller
9. Father's Occupation Teacher
10. Father's Birthplace Prussia
- Name of Medical Attendant, or other Person who makes this return Mary. Kohn
- Address 225 Fulton Bldg.
- Remarks

in case at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21823

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) Caucasian

3. Date of Birth 15 November

4. Place of Birth (Street and Number) 49 East St

5. Full Name of Mother Mary E Banks

6. Mother's Maiden Name Queen

7. Mother's Birthplace Baltimore

8. Full Name of Father Stephen Banks

9. Father's Occupation Cooper

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this return Martha J. Christman

Address No 7 Forrest Place

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

218211

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) white

3. Date of Birth 18 Nov

4. Place of Birth (Street and Number) 277 Front St

5. Full Name of Mother Mary Brent

6. Mother's Maiden Name Parker

7. Mother's Birthplace Baltimore

8. Full Name of Father Joseph Brent

9. Father's Occupation Railroad

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this return Dr. J. L. Williams

Address No 7 Garrett Place

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 2. *Child born*
1. Sex (state whether Male or Female)... *Female.*
2. Race or Color (if not of the white race)... *White*
3. Date of Birth... *15. of Novem. 69*
4. Place of Birth (Street and Number)... *William St. No. 213.*
5. Full Name of Mother... *Mrs. Joseph*
6. Mother's Maiden Name... *Mrs. Maynard*
7. Mother's Birthplace... *Byron.*
8. Full Name of Father... *Amos Joseph*
9. Father's Occupation... *Miller*
10. Father's Birthplace... *Byron.*
- Name of Medical Attendant, or other Person who makes this Return... *Mrs. Martin*
- Address... *West St. No. 128*
- Remarks

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21826

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

4 d

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

November 15

1877

3. Date of Birth

White

4. Place of Birth (Street and Number)

114 Bond St

5. Full Name of Mother

Katharine Koop

6. Mother's Maiden Name

Kath. Wiegall

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Friedrich Koop

9. Father's Occupation

Dealer

10. Father's Birthplace

German

Name of Medical Attendant, or other Person who makes this Return.

M. R. Rudiger

Address

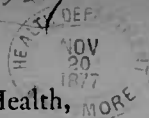
134 Bond St.

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. He or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21827



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *November 15th 1877*
4. Place of Birth (Street and Number) *Light Street No. 644*
5. Full Name of Mother *Sarah M^{rs} Coll*
6. Mother's Maiden Name *Sarah Kelly*
7. Mother's Birthplace *Baltimore M.d.*
8. Full Name of Father *George M^{rs} Coll*
9. Father's Occupation *Condor*
10. Father's Birthplace *Baltimore M.d.*
- Name of Medical Attendant, or other Person who makes this return *Parothee Brune*
- Address *114 Battery St*
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21828

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd child*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race)
3. Date of Birth *Nov 15th 1877*
4. Place of Birth (Street and Number) *No 141 West St*
5. Full Name of Mother *Jennie Murray*
6. Mother's Maiden Name *Dennis*
7. Mother's Birthplace *America*
8. Full Name of Father *George Murray*
9. Father's Occupation *Plumbing & Gasfitting*
10. Father's Birthplace *Scotland*
- Name of Medical Attendant, or other Person who makes this return *J. Schaeffer midwife*
- Address *213 Cross St.*
- Remarks

Return is the duty of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the patient, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21829



To the Office of Registrar of Vital Statistics, Board of Health:

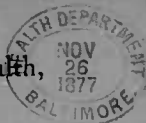
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *(4th) Fourth*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *November 15th 1877*
4. Place of Birth (Street and Number) *113 S. Bethel St.*
5. Full Name of Mother *Annie Eliza Evans*
6. Mother's Maiden Name *Annie Eliza Caldwell*
7. Mother's Birthplace *Baltimore City*
8. Full Name of Father *Edward Wm. Evans*
9. Father's Occupation *Mariner*
10. Father's Birthplace *Baltimore City*
- Name of Medical Attendant, or other Person who makes this Return. *H. Lawrence Williams M.D.*
- Address *171 S. Broadway*
- Remarks

Whereas the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race)

3. Date of Birth *November 15th 1877*

4. Place of Birth (Street and Number) *304 Canton Ave*

5. Full Name of Mother *Elizabeth Brown*

6. Mother's Maiden Name *" Lange*

7. Mother's Birthplace *City*

8. Full Name of Father *John H. Brown*

9. Father's Occupation *Mariner*

10. Father's Birthplace *City*

Name of Medical Attendant, or other Person who makes this return *Mrs Elizabeth Reishmann*

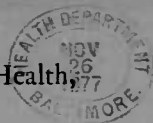
Address *120 Bank St*

Remarks

Return of Birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21531



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *November 15th 1877*
4. Place of Birth (Street and Number) *54 Carolines str*
5. Full Name of Mother *Mary E. Baerlin*
6. Mother's Maiden Name *" " Baer*
7. Mother's Birthplace *City*
8. Full Name of Father *George F. Arlinlin*
9. Father's Occupation *Barber*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this return *Mrs. Elizabeth Baerlin*
- Address *120 Bank str.*
- Remarks

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21832



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2^d
1. Sex (state whether Male or Female) Female.
2. Race or Color (if not of the white race) white
3. Date of Birth 15 November 1877
4. Place of Birth (Street and Number) 259 North Eden St. Baltimore.
5. Full Name of Mother. Anna. Hoeck.
6. Mother's Maiden Name Anna Fischer
7. Mother's Birthplace Baltimore.
8. Full Name of Father George. Hoeck.
9. Father's Occupation Cabinet Maker.
10. Father's Birthplace Germany.
- Name of Medical Attendant, or other Person who makes this return Dina. Millquist.
- Address No 182 Monument St. Baltimore.
- Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) white
3. Date of Birth Nov. 28th 15 Ralburgh St.
4. Place of Birth (Street and Number)
5. Full Name of Mother Maria Welle
6. Mother's Maiden Name M. Volker
7. Mother's Birthplace Bavarian
8. Full Name of Father H. Welle
9. Father's Occupation Carpenter
10. Father's Birthplace Bavarian
- Name of Medical Attendant, or other Person who makes this Return. Sophia Wenzel
- Address 36 Pearl St.
- Remarks

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

21834

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) _____
1. Sex (state whether Male or Female) _____
2. Race or Color (if not of the white race) _____
3. Date of Birth _____
4. Place of Birth (Street and Number) 7 _____
5. Full Name of Mother _____
6. Mother's Maiden Name _____
7. Mother's Birthplace _____
8. Full Name of Father _____
9. Father's Occupation _____
10. Father's Birthplace _____
- Name of Medical Attendant, or other Person who makes this Return. _____
- Address _____
- Remarks _____

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21835

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

November 16th 1877

4. Place of Birth (Street and Number)

163 West-Lombard St. (Maternite)

5. Full Name of Mother

Margaret Schoefer

6. Mother's Maiden Name

" " " "

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Unknown

9. Father's Occupation

" "

10. Father's Birthplace

" "

Name of Medical Attendant, or other Person who makes this Return.

Dr. W. Lombel

Address

163 W. Lombard St.

Remarks

Return of a Birth. To be filled out by the Registrar of the City of Baltimore, within six days of the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 3 *Children*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *16 of November*
4. Place of Birth (Street and Number) *East Queen*
5. Full Name of Mother *Anna East*
6. Mother's Maiden Name *Anna Gilson*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Robert East*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Ireland*
- Name of Medical Attendant, or other Person who makes this Return. *Charles Martin*
- Address *West St. N. 128*
- Remarks

Write in this column, giving briefly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21837



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the 1.
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth the 16. of November
4. Place of Birth (Street and Number) 26. 100. N. 4th St.
5. Full Name of Mother Mary B. Taylor
6. Mother's Maiden Name Mary Beasack
7. Mother's Birthplace Washington
8. Full Name of Father William Beasack
9. Father's Occupation Bookkeeper
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs. James
- Address Mrs. James
- Remarks At 2. 10. 1897. in.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

21838



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *5th Child*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *16th of Nov.*
4. Place of Birth (Street and Number) *Wedge St. No. 16*
5. Full Name of Mother *Mary Wilhelmina Amey*
6. Mother's Maiden Name *Mary Wilhelmina Dietz*
7. Mother's Birthplace *Baltimore City*
8. Full Name of Father *William Edward Amey*
9. Father's Occupation *Apoc. Maker*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Conway*
- Address
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21839



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

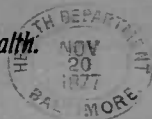
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th child*
 1. Sex (state whether Male or Female) *Male*
 2. Race or Color (if not of the white race) *White*
 3. Date of Birth *16 November 1877*
 4. Place of Birth (Street and Number) *6 Pe. & East End Baltimore*
 5. Full Name of Mother *Sara J. Sherman*
 6. Mother's Maiden Name *Louise J. Barabie*
 7. Mother's Birthplace *Baltimore*
 8. Full Name of Father *Thomas Marshall*
 9. Father's Occupation *Dr. Luger*
 10. Father's Birthplace *Baltimore*
 Name of Medical Attendant, or other Person who makes this return *Resident Surgeon*
 Address *71 North Howard*
 Remarks *See cat by*

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21840

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *one child one mother*
1. Sex (state whether Male or Female) *Male Child*
2. Race or Color (if not of the white race) *Colored Race*
3. Date of Birth *Nov 16-1877*
4. Place of Birth (Street and Number) *Durham St 322 Baltimore*
5. Full Name of Mother
6. Mother's Maiden Name *Lilila Chambers*
7. Mother's Birthplace *Dorchester County Md*
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace
- Name of Medical Attendant, or other Person who makes this Return. *Lucinda Warford*
- Address *Regester St Baltimore Md*
- Remarks

MISSING

21841

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th child ¹¹¹
1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) Colored
3. Date of Birth 16th of November
4. Place of Birth (Street and Number) No. 15. Lewis alley
5. Full Name of Mother Emily Butler
6. Mother's Maiden Name Emily Butler
7. Mother's Birthplace St. Mary's County. Md.
8. Full Name of Father Joseph Thompson
9. Father's Occupation Dayman
10. Father's Birthplace Fredrick Co. Md.
Name of Medical Attendant, or other Person who makes this Return. Ellen Shields
Address 42 Sharp St. Alley.
Remarks

anyone at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

21843

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth November 16th 1877.
4. Place of Birth (Street and Number) 819 Pratt St
5. Full Name of Mother Margaret Siglin
6. Mother's Maiden Name Margaret Feil
7. Mother's Birthplace Germany
8. Full Name of Father Georg Siglin
9. Father's Occupation Orner
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. E. Sinclair
- Address No 19 Seadrif Av
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21844

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *i*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Nov 16 1877*

4. Place of Birth (Street and Number) *No 41 Hamb. St*

5. Full Name of Mother *Mahala Marshall*

6. Mother's Maiden Name *Mahala Phillips*

7. Mother's Birthplace *Ma*

8. Full Name of Father *Marshall*

9. Father's Occupation *Laborer*

10. Father's Birthplace *Ma*

Name of Medical Attendant, or other Person who makes this Return. *W B Noble, M.D.*

Address *17 Hamer av*

Remarks

Notice: In the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21845

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st.*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *Colored.*
3. Date of Birth *Nov. 16th 1877*
4. Place of Birth (Street and Number) *37 East St.*
5. Full Name of Mother *Louiza Johnston*
6. Mother's Maiden Name *" Dunlap*
7. Mother's Birthplace *Caroline Co. Va*
8. Full Name of Father *William Johnston*
9. Father's Occupation *Shoemaker*
10. Father's Birthplace *Mathur Co. Va*
- Name of Medical Attendant, or other Person who makes this Return. *Wm W. Pendergast*
- Address *137 N. E. St.*
- Remarks

At the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21846

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this return

Address

Remarks

2nd
White Female
White
Nov 16th 1877
198 Langer St
Gennie Schuster
Gennie P. Strauss
St. Petersburg
Jury Schuster
Cutter Merchant Sailor
North Carolina
Theodore Cookman

notice at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

21847

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st.*

1. Sex (state whether Male or Female) *Boy*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Nov. 16 1877*

4. Place of Birth (Street and Number) *Lancaster St near Ann*

5. Full Name of Mother *Mary Hartmann*

6. Mother's Maiden Name *Mary Stang*

7. Mother's Birthplace *Balto. City.*

8. Full Name of Father *Wm. H. Hartmann*

9. Father's Occupation *Laborer*

10. Father's Birthplace *Balto. City.*

Name of Medical Attendant, or other Person who makes this Return. *Mary A. Jubb.*

Address

Remarks

notice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21848



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) _____
3. Date of Birth 17th Nov. 1877
4. Place of Birth (Street and Number) 14 Concord St.
5. Full Name of Mother Bridget Quinny
6. Mother's Maiden Name Bush
7. Mother's Birthplace U. States
8. Full Name of Father Michael Quinny
9. Father's Occupation Salver
10. Father's Birthplace U. States
- Name of Medical Attendant, or other Person who makes this return Dr. R. R. Ruppel
- Address 300 E. Lombard
- Remarks _____

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21849

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Nov. 17th 1877*
4. Place of Birth (Street and Number) *163 W. Lombard St.*
5. Full Name of Mother *Mary Sullivan*
6. Mother's Maiden Name *" " " "*
7. Mother's Birthplace *Ireland*
8. Full Name of Father *Unknown*
9. Father's Occupation *" "*
10. Father's Birthplace *" "*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. W. Lombel*
- Address *163 W. Lombard St.*
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No 244.

RETURN OF A BIRTH.

21850

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

Male 11

2. Race or Color (if not of the white race)

white

3. Date of Birth

Aug. 17. 1877

4. Place of Birth (Street and Number)

W. Washington str No. 1.

5. Full Name of Mother

Elisabeth Grief

6. Mother's Maiden Name

Bother

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Hendrick Grief

9. Father's Occupation

Lehner

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this return

Dr. Johann Kraupach

Address

Car. Wolf str No. 28

Remarks

undw. fe

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

8 d.

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Novbr. 17 d. 1877

4. Place of Birth (Street and Number)

212 E. Monument St.

5. Full Name of Mother

Maria Schilling

6. Mother's Maiden Name

Maria Schilling

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Georg Schilling

9. Father's Occupation

Undertaker

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Maria R. Rudiger

Address

134 W Bond St

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21852

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) one child one mother
1. Sex (state whether Male or Female) female child
2. Race or Color (if not of the white race) Colored race
3. Date of Birth Nov the 17-18-77
4. Place of Birth (Street and Number) Chapple St 111
5. Full Name of Mother Lane Jenkins
6. Mother's Maiden Name Lane Jenkins
7. Mother's Birthplace Torchester County md
8. Full Name of Father _____
9. Father's Occupation _____
10. Father's Birthplace _____
- Name of Medical Attendant, or other Person who makes this Return. Lurinda Nealford
- Address Register of 1130 Baltimore md
- Remarks _____

Return at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21853

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 17th Nov
4. Place of Birth (Street and Number) 223 Hudson St Canton
5. Full Name of Mother Mary Heane McBlane
6. Mother's Maiden Name Mary Schert
7. Mother's Birthplace Baltimore City
8. Full Name of Father Wm H. Heane McBlane
9. Father's Occupation Blacksmith
10. Father's Birthplace Baltimore City
Name of Medical Attendant, or other Person who makes this Return. Mrs Sarah Sullivan
Address 104 Curley St Canton
Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21854

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c) 5
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Doland
3. Date of Birth: November 17 1877
4. Place of Birth (Street and Number) 123 welcome st
5. Full Name of Mother gracey Brown
6. Mother's Maiden Name gracy-tine
7. Mother's Birthplace a a county
8. Full Name of Father John Brown
9. Father's Occupation o
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Millicent

Address

Remarks

No 1.81 York St

Parents of the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21855

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th Child*

1. Sex (state whether Male or Female) *Female*
 2. Race or Color (if not of the white race) *White*
 3. Date of Birth *November 17, 1877*
 4. Place of Birth (Street and Number) *President St. No. 20.*
 5. Full Name of Mother *Mary Lick*
 6. Mother's Maiden Name *Mary Leichter*
 7. Mother's Birthplace *Lüschow, Pr. Preussen, Germany*
 8. Full Name of Father *David Lick*
 9. Father's Occupation *Wheel Right*
 10. Father's Birthplace *Wellm, Pr. Preussen, Germany*
- Name of Medical Attendant, or other Person who makes this return *Mary E. Muller*
Address *N. Dallas St. No. 26*
Remarks

to be filled out by any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race)

3. Date of Birth *November 17th 1877*

4. Place of Birth (Street and Number) *29 Burke str*

5. Full Name of Mother *Catherine Kinsler*

6. Mother's Maiden Name *Bodine*

7. Mother's Birthplace *City*

8. Full Name of Father *Bernhard Kinsler*

9. Father's Occupation *Cropper*

10. Father's Birthplace *Germany*

Name of Medical Attendant, or other Person who makes this return

Address

Remarks

Mrs Elizabeth Buschman
124 Burke str

Any person who is the mother of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *Nov. 17th 1877*
4. Place of Birth (Street and Number) *118 S. Bond St*
5. Full Name of Mother *Elizabeth Jersheid*
6. Mother's Maiden Name *Melving*
7. Mother's Birthplace *City*
8. Full Name of Father *Adam Jersheid*
9. Father's Occupation *Laborer*
10. Father's Birthplace *City*
- Name of Medical Attendant, or other Person who makes this return *Mrs Elizabeth Bushman*
- Address *120 Bank St*
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29858

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *November 17 1877*
4. Place of Birth (Street and Number) *Patton Park avenue No 54*
5. Full Name of Mother *Mary. Henry*
6. Mother's Maiden Name *Mary. Wale*
7. Mother's Birthplace *Ireland.*
8. Full Name of Father *James Henry*
9. Father's Occupation *Dray. Man*
10. Father's Birthplace *Ireland.*
- Name of Medical Attendant, or other Person who makes this Return. *Louisa. Wiley.*
- Address *Patton. Park. avenue. No 12*
- Remarks

advise as the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21859



To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth November 17th
4. Place of Birth (Street and Number) No. 94 1/2 N. Howard St
5. Full Name of Mother Carolina Emma
6. Mother's Maiden Name Carolina Glausing
7. Mother's Birthplace Bremen
8. Full Name of Father Henry D. Emma
9. Father's Occupation Printer
10. Father's Birthplace Bremen
- Name of Medical Attendant, or other Person who makes this return. Magdalena Lommefeld
- Address No. 38 Pennsylvania av.
- Remarks

advice at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

21860

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

4th

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

3. Date of Birth

Nov 17th 1877

4. Place of Birth (Street and Number)

243 Alice Anna St.

5. Full Name of Mother

Sarah J. Rehberger

6. Mother's Maiden Name

Sarah J. Everett

7. Mother's Birthplace

Harford Co. Md.

8. Full Name of Father

John H. Rehberger

9. Father's Occupation

M. D.

10. Father's Birthplace

Baltimore City, Md.

Name of Medical Attendant, or other Person who makes this Return.

John H. Rehberger M. D.

Address

243 Alice Anna St.

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2^d*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *17 November 1877*
4. Place of Birth (Street and Number) *111 North Ann. St.*
5. Full Name of Mother *Annie Willinger*
6. Mother's Maiden Name *Annie Willinger Rebrank*
7. Mother's Birthplace *Lancaster*
8. Full Name of Father *Louis Willinger*
9. Father's Occupation *Agent*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this return *Dina Millegast*
- Address *182 Monument St.*
- Remarks

NOTE: The birth of every child within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21862

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3^d

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

November 17th 1877

4. Place of Birth (Street and Number)

No 16 Ridgely Street

5. Full Name of Mother

Pauline Leutner

6. Mother's Maiden Name

" " Peters

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Heinrich Leutner

9. Father's Occupation

Store Keeper

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this return

Catharina Munsch

Address

74 Leadenhall St

Remarks

Every mother who gives birth to any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21863

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First
Female
White

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

Nov. 17th 1877

4. Place of Birth (Street and Number)

540 Lexington St

5. Full Name of Mother

Mary E. McNeal

6. Mother's Maiden Name

Johnson

7. Mother's Birthplace

Camden N J

8. Full Name of Father

Walter N. McNeal

9. Father's Occupation

Agent

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Elias C. Price M.D.

Address

262 Madison St

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21864



To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *17 of November*
4. Place of Birth (Street and Number) *416 W. Fayette St.*
5. Full Name of Mother *Ezzie Brink*
6. Mother's Maiden Name *Ezzie Jaschmann*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *George Brink*
9. Father's Occupation *Baker*
10. Father's Birthplace *Biedlen Kopf Proring Nassau Regierungs Bezirk*
- Name of Medical Attendant, or other Person who makes this Return. *Wiesbaden*
- Address *ctue Dumber 10 Liberator St*
- Remarks

notice at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

21865



To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th
1. Sex (state whether Male or ~~Female~~)
2. Race or Color (if not of the white race) White
3. Date of Birth Nov 18th 1877
4. Place of Birth (Street and Number) Forest St 310
5. Full Name of Mother Elizabeth Tufts
6. Mother's Maiden Name Elizabeth Tucker
7. Mother's Birthplace Baltimore
8. Full Name of Father John Tufts
9. Father's Occupation Printer
10. Father's Birthplace Boston Massachusetts
- Name of Medical Attendant, or other Person who makes this Return. E. L. Baldwin M. D.
- Address 124 N. Euter St
- Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21866

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) sixth

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth 18 November

4. Place of Birth (Street and Number) 22 Barnes St.

5. Full Name of Mother Lena Salt

6. Mother's Maiden Name Baker

7. Mother's Birthplace Russ Bohemia

8. Full Name of Father Jos. Tuba

9. Father's Occupation tailor

10. Father's Birthplace Poland

Name of Medical Attendant, or other Person who makes this Return. J. Conrad

Address 22 Barnes St.

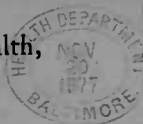
Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21867

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 18 Nov

4. Place of Birth (Street and Number) 210 Caroline St

5. Full Name of Mother Isabella Gappington

6. Mother's Maiden Name Garrison

7. Mother's Birthplace Baltimore

8. Full Name of Father Wm Gappington

9. Father's Occupation Miller

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this return Isabella Gappington

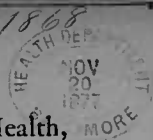
Address No 7 Forrest Place

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, **BALTIMORE CITY.**



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.
1. Sex (state whether Male or Female) Female.
2. Race or Color (if not of the white race) _____
3. Date of Birth November 18th 1877.
4. Place of Birth (Street and Number) Gitting Street No 26.
5. Full Name of Mother Lizabla Linkemann
6. Mother's Maiden Name Lizabla Loh
7. Mother's Birthplace Baltimore, M.d.
8. Full Name of Father Henry Linkemann
9. Father's Occupation Shoe cutter
10. Father's Birthplace Baltimore, M.d.
- Name of Medical Attendant, or other Person who makes this return Dorothea Bunn
- Address 114 Bakery St.
- Remarks _____

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) _____
3. Date of Birth 18 Nov 1877
4. Place of Birth (Street and Number) 270 S. Register St.
5. Full Name of Mother Anna Maria Geis
6. Mother's Maiden Name Horst
7. Mother's Birthplace Germany
8. Full Name of Father Philip Geis
9. Father's Occupation Laborer
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Gertrude Miller
- Address 151 E. Pratt St.
- Remarks _____

At the birth of any child, within the City of Baltimore, all report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21870

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *one child one mother*

1. Sex (state whether Male or Female) *male child*

2. Race or Color (if not of the white race) *colored race*

3. Date of Birth *Apr the 19. 1877*

4. Place of Birth (Street and Number) *Chapple St 104*

5. Full Name of Mother

6. Mother's Maiden Name *Ann Maria Johnson*

7. Mother's Birthplace *Dorchester County Md*

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. *Lucinda Naulford*

Address *Regester St 130 Baltimore Md*

Remarks

Advices as to the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3^d
1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) white
3. Date of Birth 18th Nov. 77
4. Place of Birth (Street and Number) Scarpis N. W. Cor. Fremont st.
5. Full Name of Mother Caroline Louise Lautenbach
6. Mother's Maiden Name " " Meier
7. Mother's Birthplace Baltimore VI
8. Full Name of Father Fred. Lautenbach
9. Father's Occupation Druggist
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. J. A. Heldmann M.D.
- Address 120 Pearl st
- Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 18 November
4. Place of Birth (Street and Number) 69 South Bethel Street
5. Full Name of Mother Barbara Heininger
6. Mother's Maiden Name Barbara Giffel
7. Mother's Birthplace Bavaria
8. Full Name of Father Johny Heininger
9. Father's Occupation Saddler
10. Father's Birthplace Bavaria
- Name of Medical Attendant, or other Person who makes this Return. M. A. Lederer
- Address 25 S. Durham Str
- Remarks

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21873

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Nov. 18th 1877
4. Place of Birth (Street and Number) 33 Buck St.
5. Full Name of Mother Mary Kugel
6. Mother's Maiden Name Mary Subb
7. Mother's Birthplace America
8. Full Name of Father P. Kugel
9. Father's Occupation Laborer
10. Father's Birthplace American
- Name of Medical Attendant, or other Person who makes this return Mrs. Mary Amend
- Address 137 Wolfe St
- Remarks CH

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth December 1st 1877
4. Place of Birth (Street and Number) No. 13 Arch St
5. Full Name of Mother Anna Snyder
6. Mother's Maiden Name Anna Kalcman
7. Mother's Birthplace Baltimore
8. Full Name of Father Michael Snyder
9. Father's Occupation Teacher
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this return Chas. Schmitt
- Address
- Remarks 414 Pine St

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21875



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Apr 18 1877
4. Place of Birth (Street and Number) 151 Division St
5. Full Name of Mother Louisa J. Browning
6. Mother's Maiden Name " " " "
7. Mother's Birthplace Baltimore
8. Full Name of Father Wm. J. Browning
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this return Wm. Smith
- Address 428 Penn Ave
- Remarks

Persons at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21876

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Colored
3. Date of Birth May 18
4. Place of Birth (Street and Number) 20 South Spring St
5. Full Name of Mother Chinn Barber
6. Mother's Maiden Name Chinn Darings
7. Mother's Birthplace Cambridge Md
8. Full Name of Father Samuel Barber
9. Father's Occupation carver
10. Father's Birthplace Frederic City Md
- Name of Medical Attendant, or other Person who makes this Return Dr. J. Lee Patterson
- Address 32 West St Md
- Remarks Healthy Child

anyone at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21877

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY. 11/11



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 d.
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth November 18 d. 1877
4. Place of Birth (Street and Number) 131 S. Bond Street
5. Full Name of Mother Anna Barbara Schmidt
6. Mother's Maiden Name Eliza Cittered
7. Mother's Birthplace Germane
8. Full Name of Father Christof Schmidt
9. Father's Occupation Backer
10. Father's Birthplace Germane
- Name of Medical Attendant, or other Person who makes this Return. Marie R. Rudiger
- Address 134 S. Bond Street
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21878

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

The 1st of
State Health

white

born on the 18th of Nov. 1877

No. 970 West Pratt St.

Lena Scharp

L. Hittle

City of Balto.

John Scharp

Blacksmith

Germany

Missis Miller

No. 57 S. Malabar

Balto

Persons born in this city or Baltimore, within the city of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 & 5th Children
1. Sex (state whether Male or Female) Male & Female Twins
2. Race or Color (if not of the white race) White
3. Date of Birth Sunday, Nov. 18th 9⁴⁵ P. M. 1877
4. Place of Birth (Street and Number) 42 S. Sun Street
5. Full Name of Mother Louisa Jane Kelley
6. Mother's Maiden Name Louisa Jane Williams
7. Mother's Birthplace Balto. City
8. Full Name of Father John C. Kelley
9. Father's Occupation Mariner
10. Father's Birthplace Baltimore, Md.
- Name of Medical Attendant, or other Person who makes this Return. James E. Donville M.D.
- Address 299 E. Baltimore Street
- Remarks

At the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21880

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) colored
3. Date of Birth Nov 15 8 3/4 parish St
4. Place of Birth (Street and Number) 8 3/4 parish St
5. Full Name of Mother Cathleen Surry
6. Mother's Maiden Name Cathleen Howard
7. Mother's Birthplace Howard Co
8. Full Name of Father Thomas Surry
9. Father's Occupation Labourer
10. Father's Birthplace Howard Co
- Name of Medical Attendant, or other Person who makes this Return. Inspector
- Address 2515 Walton St
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar in person, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21881



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth 18 November

4. Place of Birth (Street and Number) 620 Gaston St

5. Full Name of Mother Kath Götze

6. Mother's Maiden Name Deekelbach

7. Mother's Birthplace Baltimore

8. Full Name of Father Jacob Götze

9. Father's Occupation none

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this return Sophia Lerner

Address No. 70 Greenby St

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21889



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 18 November
4. Place of Birth (Street and Number) 149 Chapel Street
5. Full Name of Mother Anna Kapla
6. Mother's Maiden Name Ochs
7. Mother's Birthplace Germany
8. Full Name of Father Leopold Kapla
9. Father's Occupation Sailor
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this return Sophia Siemann
- Address 207 E. Franklin Street
- Remarks

at least at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

female

2. Race or Color (if not of the white race)

3. Date of Birth

18 Nov 1877

4. Place of Birth (Street and Number)

55 Lombard St

5. Full Name of Mother

Maria Keyby

6. Mother's Maiden Name

Martha Kemper

7. Mother's Birthplace

W. States

8. Full Name of Father

Martin Kiden

9. Father's Occupation

Cigar Maker

10. Father's Birthplace

W. States

Name of Medical Attendant, or other Person who makes this return

Sarah Gaster

Address

52 5 Lombard St

Remarks

At the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second
Female

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

African
Nov. 18 77

3. Date of Birth

4. Place of Birth (Street and Number)

Gallison's Court No 4

5. Full Name of Mother

Mary Brown

6. Mother's Maiden Name

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Joseph Brown

9. Father's Occupation

Laborer

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

R. P. Ellis

Address

N. W. Cor. Fayette & Schouder St.

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21885

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth November 18th 1877
4. Place of Birth (Street and Number) 117 Cook Key St Lowest Point
5. Full Name of Mother Mary Tuohy
6. Mother's Maiden Name Mary Nash
7. Mother's Birthplace Ireland
8. Full Name of Father Denis Tuohy
9. Father's Occupation Labourer
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Margaret Etzel
Marg
N. 13 Cuba Street

in case at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21886

To the Office of Registrar of Vital Statistics, Board of Health, **DEC 6 1877**
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Nov 1874 87

4. Place of Birth (Street and Number)

179 Madison Avenue

5. Full Name of Mother

Mrs. Friend

6. Mother's Maiden Name

Ann Brown

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Conrad Friend

9. Father's Occupation.

Fireman

10. Father's Birthplace.

Baltimore

Name of Medical Attendant, or other Person who makes this return

Mrs. Mary Friend

Address

203 Washington St

Remarks

J. P.

At the time of the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

Over 21887



To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

Name: Edith Elwood Wooden

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 12 160

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) W

3. Date of Birth March 14 1877

4. Place of Birth (Street and Number) N 140 Preston st

5. Full Name of Mother Emma Francis Wooden

6. Mother's Maiden Name " " Tucker

7. Mother's Birthplace Balt Mo

8. Full Name of Father Wilbur T. Wooden

9. Father's Occupation Letter Carrier

10. Father's Birthplace Balt

Name of Medical Attendant, or other Person who makes this Return.

J. H. Patterson M.D.

Address

23 Franklin Bldg

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Nov. 19th
4. Place of Birth (Street and Number) 163 W. Lombard St. Maternity
5. Full Name of Mother Mary M. Manus
6. Mother's Maiden Name "
7. Mother's Birthplace Maryland
8. Full Name of Father Unknown
9. Father's Occupation "
10. Father's Birthplace "
- Name of Medical Attendant, or other Person who makes this Return. Dr. Wm. Lombel
- Address 163 W. Lombard St.
- Remarks _____

any one at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21889



To the Office of Registrar of Vital Statistics; Board of Health
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 child
1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) _____
3. Date of Birth 19 November
4. Place of Birth (Street and Number) 194 Eden st
5. Full Name of Mother Maggie Shellen
6. Mother's Maiden Name Shellen
7. Mother's Birthplace Ireland
8. Full Name of Father John Shellen
9. Father's Occupation Teacher
10. Father's Birthplace Ireland
- Name of Medical Attendant, or other Person who makes this return Merrill M. L. L.
- Address _____
- Remarks 48 infant. Robinson

At the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

GIVEN NAME ADDED 10-31-53
RETURN OF A BIRTH.

21890



To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Name: *Tracy Herman Leimbach*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

white

3. Date of Birth

Nov. 19 " 1877

4. Place of Birth (Street and Number)

123 S. Bond - 431

5. Full Name of Mother

Tracy Leimbach

6. Mother's Maiden Name

" White

7. Mother's Birthplace

Balto. City

8. Full Name of Father

Herman Leimbach

9. Father's Occupation

Super

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Rev. M. Mansfield M.D.

Address

117 S. Broadway

Remarks

Swear at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21891



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Nov. 20th, 1877

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Nov. 19th 1877
4. Place of Birth (Street and Number) 241 Wolfe St
5. Full Name of Mother Agnes Siebel
6. Mother's Maiden Name Agnes Loeschel
7. Mother's Birthplace Prussia
8. Full Name of Father John Siebel
9. Father's Occupation Blender
10. Father's Birthplace America
- Name of Medical Attendant, or other Person who makes this return Mrs. Mary Amund
- Address 37 E. Gay St
- Remarks #2

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21892



To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Nov. 20th 1877

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White.
3. Date of Birth Nov. 19th 1877.
4. Place of Birth (Street and Number) 349 Eastern Ave.
5. Full Name of Mother Lora Hemple
6. Mother's Maiden Name Lora Kratz
7. Mother's Birthplace America
8. Full Name of Father John Hemple
9. Father's Occupation Laborer
10. Father's Birthplace America Germany
- Name of Medical Attendant, or other Person who makes this return Wm. Henry Amund.
- Address No. 131 Maple St
- Remarks A

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21893

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 311

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth November 19, 1897

4. Place of Birth (Street and Number) No. 45 Avenue A, East

5. Full Name of Mother Barbara McAllister

6. Mother's Maiden Name " " Kane

7. Mother's Birthplace Baltimore

8. Full Name of Father Wm. McAllister

9. Father's Occupation Plumber

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return Garrett Wiley

Address Batson. Point

Remarks

Persons at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21894

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race) colored

3. Date of Birth Nov 19

4. Place of Birth (Street and Number) 27 East 1st

5. Full Name of Mother Emma Gibson

6. Mother's Maiden Name Gibson

7. Mother's Birthplace Baltimore Md

8. Full Name of Father Thomas Gibson

9. Father's Occupation carpenter in the building house

10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mrs. L. Gibson

Address no 32 North St

Remarks healthy child

to give at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21895

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8th

1. Sex (state whether Male or Female)

male

2. Race or Color (if not of the white race)

3. Date of Birth

19 November 1877

4. Place of Birth (Street and Number)

495 Gay Str

5. Full Name of Mother

Mary Jones

6. Mother's Maiden Name

Mary Maule

7. Mother's Birthplace

W. States

8. Full Name of Father

Joseph Jones

9. Father's Occupation

Barber

10. Father's Birthplace

W. S.

Name of Medical Attendant, or other Person who makes this return

D. J. L. Cooper

Address

52 E. Lombard St.

Remarks

advised at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

3d
Female
White
Nov. 27 1877
36 Henryetta Dr
Julia Johnson
Julius Foxwell
Maryland
William Johnson
Mechanic
Md
J. B. Noble, M.D.
17 Cannor

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21897



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth: Nov. 19th
4. Place of Birth (Street and Number) N^o. 16 Myrtle ave.
5. Full Name of Mother Mrs. Cathern Russell
6. Mother's Maiden Name Cathern Ebert.
7. Mother's Birthplace Germany
8. Full Name of Father William W. Russell
9. Father's Occupation Sailor
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Magdalena Lommerfeld
- Address N^o. 38 Pennsylvania, ave
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21898

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth 19th November 1877
4. Place of Birth (Street and Number) No 142. Chas. St. Baltimore.
5. Full Name of Mother. Auguste Beckmann
6. Mother's Maiden Name Auguste Krone
7. Mother's Birthplace Germany.
8. Full Name of Father Goschen Beckmann.
9. Father's Occupation Grocery.
10. Father's Birthplace Germany.
- Name of Medical Attendant, or other Person who makes this return Dina Willgeist.
- Address No 182 Monument St.
- Remarks

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21899



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fifth

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

X 19 Baron Jr.
250 W.

4. Place of Birth (Street and Number)

5. Full Name of Mother

Eliza Schnellberger

6. Mother's Maiden Name

" Steinberg

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Jacob Schnellberger

9. Father's Occupation

Dr. Woods. Store

10. Father's Birthplace

Prussia

Name of Medical Attendant, or other Person who makes this return

Mary Kuth

Address

328 South Eutaw

Remarks

Balto.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21900



To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6^d

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

November 19th 1877

4. Place of Birth (Street and Number)

No 58 Leadenhall St

5. Full Name of Mother

Anna Prochtel

6. Mother's Maiden Name

" " Schmidth

7. Mother's Birthplace

Germany

8. Full Name of Father

George Prochtel

9. Father's Occupation

Cooper

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this return

Catharina Munch

Address

74 Leadenhall Street

Remarks

Persons at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... *3d*
1. Sex (state whether Male or Female)... *male*
2. Race or Color (if not of the white race)... *white*
3. Date of Birth... *Nov. 19th 1877.*
4. Place of Birth (Street and Number)... *244 Lexington St.*
5. Full Name of Mother... *Louisa Hinrich*
6. Mother's Maiden Name... *L. Jung*
7. Mother's Birthplace... *Leer Germany*
8. Full Name of Father... *C. H. Hinrich*
9. Father's Occupation... *Tailor*
10. Father's Birthplace... *Dresden Germany*
- Name of Medical Attendant, or other Person who makes this Return... *Sophia Werner*
- Address... *36 Pearl St.*
- Remarks

Attest at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

3rd
Male

White

Nov. 20/77

196 Gough St.

Helia Thomas

Helia Roberts

Baltimore

Charles Thomas

Placeman

Baltimore

R. Wallauschek M.D.

117 S. Broadway

advice at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

21903

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

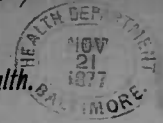


- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 64
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 20 November 1877
4. Place of Birth (Street and Number) 312 Saratoga St
5. Full Name of Mother Frieda Kiser
6. Mother's Maiden Name Frieda Pells
7. Mother's Birthplace Germany
8. Full Name of Father Israel Kiser
9. Father's Occupation Merchant
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. E. A. Pe. M. D.
- Address 55 W. Euter St
- Remarks

That any physician, accoucher, midwife, or other person in charge, who shall deliver, assist at, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21904



To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth November 20th 1877

4. Place of Birth (Street and Number) 155 So. Washington

5. Full Name of Mother Georgianna Fisher

6. Mother's Maiden Name Georgianna Peacock

7. Mother's Birthplace Baltimore City

8. Full Name of Father Benjamin F. Fisher

9. Father's Occupation Traveller

10. Father's Birthplace Howard Co. Md.

Name of Medical Attendant, or other Person who makes this Return. J. Lawson

Address W. R. King on St. N. E. Co. 21904

Remarks

Notice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21905

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th
Female

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

Nov. 20, 1877

4. Place of Birth (Street and Number)

14 S. Market St.

5. Full Name of Mother

Laura E. Groves

6. Mother's Maiden Name

"Baker" Bowersop

7. Mother's Birthplace

Balt. Co.

8. Full Name of Father

Wm. H. Groves

9. Father's Occupation

Carpenter

10. Father's Birthplace

Balt. of Charles Co. Md.

Name of Medical Attendant, or other Person who makes this Return.

G. E. Kusk M. D.

Address

Balt. & Wash. Sts.

Remarks

Natural

For any physician, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21906



To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

3. Date of Birth

November 20th 1877

4. Place of Birth (Street and Number)

No 37 Clay St.

5. Full Name of Mother

Martha Smith

6. Mother's Maiden Name

Martha Lawrence

7. Mother's Birthplace

Washington D. C.

8. Full Name of Father

William Smith

9. Father's Occupation

Coachman

10. Father's Birthplace

Dublin, Ireland

Name of Medical Attendant, or other Person who makes this return

Mrs Jane Winneberger

Address

No 23 N. Liberty St

Remarks

and live at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.

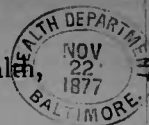


No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Mulatto
3. Date of Birth Nov. 20th 1877
4. Place of Birth (Street and Number) No. 1 Johns Alley
5. Full Name of Mother Mary Brown
6. Mother's Maiden Name Mary Medley
7. Mother's Birthplace St. Mary's Co. Md.
8. Full Name of Father Frank Brown
9. Father's Occupation Cyster dealer
10. Father's Birthplace St. Mary's Co. Md.
Name of Medical Attendant, or other Person who makes this Return. H. F. Hill, M.D.
Address N. E. Cor. Fremont & Mulberry Sts
Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21908



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Nov. 20th 1877*

4. Place of Birth (Street and Number) *65 S. Chester St.*

5. Full Name of Mother *Louisa Jane Beauchamp*

6. Mother's Maiden Name *" " Dayden*

7. Mother's Birthplace *Somerset County Md.*

8. Full Name of Father *William J. Beauchamp*

9. Father's Occupation *Captain*

10. Father's Birthplace *Somerset Co. Md.*

Name of Medical Attendant, or other Person who makes this return

Address

Remarks

James J. Shaw, M.D.
68 S. Broadway

Living at the time of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not; the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21909

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6
1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) colored
3. Date of Birth November 20 11
4. Place of Birth (Street and Number) No 13 Mulikin street
5. Full Name of Mother Sarah Elizabeth Commons
6. Mother's Maiden Name Sarah Elizabeth McLaughlin
7. Mother's Birthplace Dorchester County Md
8. Full Name of Father Harrison Commons
9. Father's Occupation oyster shucker
10. Father's Birthplace Dorchester County Md
Name of Medical Attendant, or other Person who makes this Return. Henrietta Glasgow
Address _____
Remarks _____

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children, born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH. 21910

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Jan 20, 1877

4. Place of Birth (Street and Number) Saratoga St.

5. Full Name of Mother Margaret Laner

6. Mother's Maiden Name Leib

7. Mother's Birthplace Baltimore

8. Full Name of Father George Laner

9. Father's Occupation Clerk

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Dr W. P. Morgan

Address

175 Saratoga St.

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21911

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the 3rd
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth the 20th of November
4. Place of Birth (Street and Number) No 22 Macklem St
5. Full Name of Mother Mrs. Brock Beck
6. Mother's Maiden Name Kate Robisson
7. Mother's Birthplace Baltimore
8. Full Name of Father George Robisson
9. Father's Occupation Barkeeper
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Sauer
- Address 173 Harper ave.
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21912

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c) *2d,*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Tuesday. Nov 20th. 2.30. a.m*
4. Place of Birth (Street and Number) *190 South Sharp Street*
5. Full Name of Mother *Mary Hartung*
6. Mother's Maiden Name *Mary Bolte*
7. Mother's Birthplace *Carroll County. Md*
8. Full Name of Father *Adolph Hartung*
9. Father's Occupation *Laibor & Fire Trade*
10. Father's Birthplace *Germany.*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Johnson*
- Address *No. 10 Plum St.*
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21913



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *Novemb = .20. .1877.*
4. Place of Birth (Street and Number) *59. Greenmount. Ave*
5. Full Name of Mother *Josephine. Hacker*
6. Mother's Maiden Name *Brook*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Charles. Hacker*
9. Father's Occupation *Resident*
10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this return

Address

Remarks

Lambert Phipps Labrum
1226. E. Sandwidge St Baltimore

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 21914

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c)

First
Female

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

White

3. Date of Birth

November 20th 77

4. Place of Birth (Street and Number)

126 Ridgely St.

5. Full Name of Mother

Nellie R. Krug.

6. Mother's Maiden Name

Nellie R. R.

7. Mother's Birthplace

Baltimore.

8. Full Name of Father

Joseph Krug

9. Father's Occupation

Laborer

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Dr. Gorman

Address

Paca St bet - St Peter & Street - St.

Remarks

all well.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21915

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~)

1. Sex (~~state whether Male or Female~~)

2. ~~Race or Color (if not of the white race)~~

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Nov. 20th 1878

80 North Stricker St.

Jennie Pindell,
Johnson

Baltimore City

Clarence Pindell

Carpenter

Harford Co., Md.

Dr. H. C. Brown

Car Stricker and Mulberry

was not called, until after confinement and
subsequently found out no report had been made,
account for the delay in sending this in 1878

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21916

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1 Child

1. Sex (state whether Male or Female)

female

2. Race or Color (if not of the white race)

colored

3. Date of Birth

20 November

4. Place of Birth (Street and Number)

No 20 Broadway St

5. Full Name of Mother

Emma Stafford

6. Mother's Maiden Name

Wick

7. Mother's Birthplace

Cambridge

8. Full Name of Father

William Hooper

9. Father's Occupation

labor

10. Father's Birthplace

Richmond Va

Name of Medical Attendant, or other Person who makes this Return.

Lucy Sidney

Address

No 147 Spring Ave

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21917



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3^d*

1. Sex (state whether Male or Female)

Female.

2. Race or Color (if not of the white race)

white.

3. Date of Birth

20 November. 1877.

4. Place of Birth (Street and Number)

No 221 Central Ave.

5. Full Name of Mother

Anna Buser.

6. Mother's Maiden Name

Anna Suchbardt.

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Michael Buser.

9. Father's Occupation

Barber

10. Father's Birthplace

Pennsylvania

Name of Medical Attendant, or other Person who

made this return

Dina Hillegast

Address

132 Monument St

Remarks

[Signature]

and also at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21918

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3^d 1 1
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth November 11th 20th 1877
4. Place of Birth (Street and Number) 264 Howard Street
5. Full Name of Mother Augusta Propp
6. Mother's Maiden Name " " " Winder
7. Mother's Birthplace Baltimore
8. Full Name of Father Wilhelm Propp
9. Father's Occupation Grocery Store
10. Father's Birthplace Germany
Name of Medical Attendant, or other Person who makes this return Catharina Münch
Address 74 Legdenhall St
Remarks

in case at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex (state whether Male or Female)

male

2. Race or Color (if not of the white race)

white

3. Date of Birth

Nov. 20th 1877

4. Place of Birth (Street and Number)

793 W. Baltimore St.

5. Full Name of Mother

Sara Simon

6. Mother's Maiden Name

Sara Dova

7. Mother's Birthplace

Pollond

8. Full Name of Father

Johas Simon

9. Father's Occupation

Dealer

10. Father's Birthplace

Pollond

Name of Medical Attendant, or other Person who makes this Return.

Septia Wenzel

Address

56 Pearl St.

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21920

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



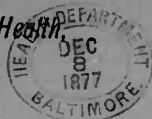
- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Nov 9 1877
4. Place of Birth (Street and Number) 1063 West of Centre St
5. Full Name of Mother Mary Ellen Gullenhampe
6. Mother's Maiden Name Hogg
7. Mother's Birthplace Baltimore
8. Full Name of Father Stephen Hogg
9. Father's Occupation ick and wood chipping
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Chas. Gullenhampe
- Address 10573 West of Centre St
- Remarks Living well

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

21921

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



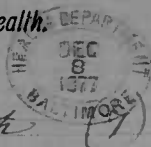
No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st
 1. Sex (state whether Male or Female) M.
 2. Race or Color (if not of the white race) W.
 3. Date of Birth Nov. 20th 1877.
 4. Place of Birth (Street and Number) 137 E. Monument St.
 5. Full Name of Mother Lottie J.
 6. Mother's Maiden Name Maier
 7. Mother's Birthplace City.
 8. Full Name of Father W. W. Massey
 9. Father's Occupation Book-keeper
 10. Father's Birthplace City
 Name of Medical Attendant, or other Person who makes this Return. H. J. Remond
 Address 186 August St.
 Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21922

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... *The seventh*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) _____
3. Date of Birth *November 20th 1877*
4. Place of Birth (Street and Number) *No. 431 W. Pratt St.*
5. Full Name of Mother *Maria L. S. D. Menke*
6. Mother's Maiden Name *Maria L. S. D. Gopp.*
7. Mother's Birthplace *Lippe-Detmold, Germany.*
8. Full Name of Father *Wm. Menke*
9. Father's Occupation *Printer.*
10. Father's Birthplace *Baltimore, Md.*
Name of Medical Attendant, or other Person who makes this Return. *Mrs. C. Seebach, midwife*
Address *No. 439 W. Pratt St.*
Remarks *The child is in good health.*
Also the mother.

Every person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21923

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Nov 21st

4. Place of Birth (Street and Number)

234 Battery ave

5. Full Name of Mother

F. J. Stevens

6. Mother's Maiden Name

Joyce

7. Mother's Birthplace

Baltimore Md

8. Full Name of Father

Robt Stevens

9. Father's Occupation

Labores

10. Father's Birthplace

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Mrs Ann Nash

Address

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.



To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Nov 23rd 1877

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Nov 21st 1877*
4. Place of Birth (Street and Number) *353 Eastern Ave.*
5. Full Name of Mother *Fizzie Johnson*
6. Mother's Maiden Name *Fizzie Zimmerman*
7. Mother's Birthplace *Indiana*
8. Full Name of Father *John Johnson*
9. Father's Occupation *Tailor*
10. Father's Birthplace *America*
- Name of Medical Attendant, or other Person who makes this return *Mrs. Mary J. J. J.*
- Address *No. 137 E. St.*
- Remarks *H*

Person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21925

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 Baltimore 21877
1. Sex (state whether Male or Female) female child
2. Race or Color (if not of the white race) Colored Race
3. Date of Birth date of Birth 21
4. Place of Birth (Street and Number) Stone Alley No 5
5. Full Name of Mother Elizabeth Cooper
6. Mother's Maiden Name Elizabeth Bond
7. Mother's Birthplace in Baltimore
8. Full Name of Father Isaac Cooper
9. Father's Occupation Cyst. shaver
10. Father's Birthplace in Baltimore
Name of Medical Attendant, or other Person who makes this Return. Mrs Harriet Jackson
Address 10 97 Chestnut.
Remarks Mrs Harriet Jackson

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No 246.

RETURN OF A BIRTH.

21926

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

female

2. Race or Color (if not of the white race)

white

3. Date of Birth

May 21. 1877

4. Place of Birth (Street and Number)

2. Register No. 7

5. Full Name of Mother

6. Mother's Maiden Name

Katharina Schaefer

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Maxime Schaefer

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this return

Mrs Johanna Preussach

Address

South Wolf str No 28

Remarks

Am. Infan

advise at the birth of any child, within the City of Baltimore, shall report to the registrar, aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21927

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st. 1877
1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race) _____
3. Date of Birth November 21st 1877
4. Place of Birth (Street and Number) 19 Fernside Place.
5. Full Name of Mother Julia A. Gobright
6. Mother's Maiden Name " " Corcoran
7. Mother's Birthplace Balti. County. Md.
8. Full Name of Father William A. Gobright
9. Father's Occupation Printer
10. Father's Birthplace Baltimore
Name of Medical Attendant, or other Person who makes this Return. Edward P. McDevitt
Address 137 N. Eyster St
Remarks Instrumental Labor.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21928

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

6

1. Sex (state whether Male or Female)

Male.

2. Race or Color (if not of the white race)

White

3. Date of Birth

November 21st
#862 W. Pratt St.

4. Place of Birth (Street and Number)

5. Full Name of Mother

Mrs. Mary Gabrio.

6. Mother's Maiden Name

Mary J. Heck
Baltimore City

7. Mother's Birthplace

8. Full Name of Father

William F. Gabrio
works in Wilkins Hair Factory
Germany

9. Father's Occupation

10. Father's Birthplace

Mrs. Doll

Name of Medical Attendant, or other Person who makes this Return.

Address

No 57 Santaloe St.

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21929

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th Child*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) _____
3. Date of Birth *Nov 21st 1877*
4. Place of Birth (Street and Number) *No 166 Hughes St*
5. Full Name of Mother *Freda Taylor*
6. Mother's Maiden Name *Merkle*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Samuel Taylor*
9. Father's Occupation *Merchant*
10. Father's Birthplace *America*
Name of Medical Attendant, or other Person who makes this return *J. Lohwasser midwife*
Address *213 Cross St*
Remarks _____

any physician, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21930

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth 21 November 1877
4. Place of Birth (Street and Number) 259 North Central Ave Baltimore
5. Full Name of Mother Kate Tragers
6. Mother's Maiden Name Kate Turners
7. Mother's Birthplace Georg Trager Baltimore
8. Full Name of Father Georg Trager
9. Father's Occupation Sailor
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this return Dina Willegust
- Address No 182 Monument St.
- Remarks A

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. He or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

21931

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Fifth (5th)

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

No. 21st 1877-

4. Place of Birth (Street and Number)

409 N. Calhoun St.

5. Full Name of Mother

Mrs. Adeline D. Hales

6. Mother's Maiden Name

Deal

7. Mother's Birthplace

Baltimore City

8. Full Name of Father

Shalmonezer Hales

9. Father's Occupation

Car builder

10. Father's Birthplace

Dorchester Co. Md.

Name of Medical Attendant, or other Person who makes this Return.

Wm. V. Mearns M.D.

Address

Remarks

10 N. Calhoun St.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

first

1. Sex (state whether Male or Female)

female

2. Race or Color (if not of the white race)

white

3. Date of Birth

Nov. 21. 1877.

4. Place of Birth (Street and Number)

311 Franklin St.

5. Full Name of Mother

Mathilda Meyer

6. Mother's Maiden Name

M. Thies

7. Mother's Birthplace

Honover Germany

8. Full Name of Father

Julius Meyer

9. Father's Occupation

Tobaccoist

10. Father's Birthplace

Adelebsen Germany

Name of Medical Attendant, or other Person who makes this Return.

Sophia Wenzel

Address

36 Pearl St.

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21933

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third Child*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *November 21st 1877*
4. Place of Birth (Street and Number) *No. 104 Stirling st*
5. Full Name of Mother *Emma Miller*
6. Mother's Maiden Name *Emma Jost*
7. Mother's Birthplace *Pennsylvania*
8. Full Name of Father *Charles Miller*
9. Father's Occupation *House Carpenter*
10. Father's Birthplace *New York*

Name of Medical Attendant, or other Person who makes this Return.

Mary Ann Butler

Address *No 181 N. Central St*

Remarks *Healthy*

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 21934

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3^d
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 21st November 1877
4. Place of Birth (Street and Number) 213 Central Av
5. Full Name of Mother Elizabeth Kuefer
6. Mother's Maiden Name L. Elizabeth Herman
7. Mother's Birthplace Baltimore
8. Full Name of Father Chas. Kuefer
9. Father's Occupation Cabinet-maker
10. Father's Birthplace Wurtemberg Germ.
- Name of Medical Attendant, or other Person who makes this Return Mary Ann Butts
- Address No 181 1/2 Central Av.
- Remarks Healthy

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24935

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd.

1. Sex (state whether Male or Female)

Female,

2. Race or Color (if not of the white race)

3. Date of Birth

Nov. 23rd 1877

4. Place of Birth (Street and Number)

416 E. Fayette St.

5. Full Name of Mother

Ella Maria Lynch

6. Mother's Maiden Name

Smith

7. Mother's Birthplace

"Balt." Md.

8. Full Name of Father

Stephen Thomas Lynch

9. Father's Occupation

Ship joiner

10. Father's Birthplace

Balt. Md.

Name of Medical Attendant, or other Person who makes this Return.

C. G. Buck M.D.

Address

Balt. Wash. St.

Remarks

Natural

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 21936,

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 d.
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth November 22 d. 1877
4. Place of Birth (Street and Number) Cor. Jefferson and Washington
5. Full Name of Mother Kathrine Holzman
6. Mother's Maiden Name Kathr. Erdler
7. Mother's Birthplace Germane
8. Full Name of Father Friedrich Holzman
9. Father's Occupation Cabinetmaker
10. Father's Birthplace Germane
- Name of Medical Attendant, or other Person who makes this Return. Marie R. Rudiger
- Address 134 N. Bond Street
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21937

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 child
1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) white
3. Date of Birth November 22 1877
4. Place of Birth (Street and Number) 239 gough St
5. Full Name of Mother ella flaherty
6. Mother's Maiden Name ella corrao
7. Mother's Birthplace baltimore city
8. Full Name of Father george flaherty
9. Father's Occupation laborer
10. Father's Birthplace baltimore city
- Name of Medical Attendant, or other Person who makes this Return. Rachel m. garrett
- Address 433 alison na St
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21938
21938

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

male

2. Race or Color (if not of the white race)

3. Date of Birth

22 November 1877

4. Place of Birth (Street and Number)

46 Fulton St

5. Full Name of Mother

Margaret Kerner

6. Mother's Maiden Name

Margaret Gorman

7. Mother's Birthplace

United States

8. Full Name of Father

William Kerner

9. Father's Occupation

Carpenter

10. Father's Birthplace

United States

Name of Medical Attendant, or other Person who makes this return

Dr. J. C. Fisher

Address

526 Lombard St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21939

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3^d*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Light complexion*
3. Date of Birth *Nov 22^d 1877*
4. Place of Birth (Street and Number) *# 13 Hamilton Street*
5. Full Name of Mother
6. Mother's Maiden Name *Harriet Burley*
7. Mother's Birthplace *Baltimore City*
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace
- Name of Medical Attendant, or other Person who makes this Return. *Amelia Johnson*
- Address *# 6 Hamilton Street*
- Remarks *Illegitimate birth*

RETURN OF A BIRTH.

21940

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

(state whether Male or Female)

Male Child born 22 Oct

or Color (if not of the white race)

White

of Birth

Nov 1st the 22 9 o'clock

of Birth (Street and Number)

no 9 south chapel street

Name of Mother

Caroline J. J. J.

er's Maiden Name

Caroline Foster

er's Birthplace

Leath place Dorchester W. Mass

Name of Father

Foster J. J.

er's Occupation

occupation of J. J.

er's Birthplace

place of birth J. J.

of Medical Attendant, or other Person who makes this Return.

Medical att. J. J.

Signature

no 47 north Duane st

Signature

Also at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 21941

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return

Address

Remarks

16th
Male
Colored
Nov. 22. 1877
No. 2 Madeira Alley
Eliza Newton
W. Hall
Balto. City
James Newton
Laborer
Cincinnati
J. D. Fisher M.D.
No. 370 E. Pratt St.

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21942



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Nov 23rd 1877

4. Place of Birth (Street and Number)

291 1/2 East Ave

5. Full Name of Mother

D. Mary Lee

6. Mother's Maiden Name

Fancy

7. Mother's Birthplace

Philadelphia

8. Full Name of Father

Deming Lee

9. Father's Occupation

Carpenter

10. Father's Birthplace

Ireland

Name of Medical Attendant, or other Person who makes this return

Obany Brook

Address

628 1/2 West End Ave

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21943

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

first child.
Female

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

White

3. Date of Birth

22. of November. 1877.

4. Place of Birth (Street and Number)

No 17. Cannon. St. - Baltimore.

5. Full Name of Mother

Lizzie. Link

6. Mother's Maiden Name

Lizzie Bahni

7. Mother's Birthplace

Baltimore. MD.

8. Full Name of Father

Henry Link.

9. Father's Occupation

Labor.

10. Father's Birthplace

Baltimore - MD.

Name of Medical Attendant, or other Person who makes this return.

Louisa. Wiley.

Address Patom. Park - annew.

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

219411

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Kind*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *Weiß*
3. Date of Birth *geboren den 23. ten November*
4. Place of Birth (Street and Number) *N^o 100 Thacker Str*
5. Full Name of Mother *Bertha Hamcke Knorflig*
6. Mother's Maiden Name *Bertha Hamcke*
7. Mother's Birthplace *Deutschland*
8. Full Name of Father *Georg Lauer*
9. Father's Occupation *Buchbinder*
10. Father's Birthplace *Deutschland*
- Name of Medical Attendant, or other Person who makes this return *Friederike Lauer*
- Address *N^o 118 Corner of Dallas and Eastern Av*
- Remarks *Hanne*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21945

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race) white

3. Date of Birth November 23, 1877

4. Place of Birth (Street and Number) 222. Gough St

5. Full Name of Mother Amelia Jane Brown

6. Mother's Maiden Name Amelia Jane Fox

7. Mother's Birthplace London, England

8. Full Name of Father Peter Fox

9. Father's Occupation Printer

10. Father's Birthplace Holland

Name of Medical Attendant, or other Person who makes this return

Mary Conner 153 Choptank St

Address

Remarks

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21946

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 child
1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) white
3. Date of Birth November 23 1877
4. Place of Birth (Street and Number) Hopkinton Bank St
5. Full Name of Mother Jenny Adams
6. Mother's Maiden Name Jenny Davis
7. Mother's Birthplace Wethersville
8. Full Name of Father Lewis Adams
9. Father's Occupation carpenter
10. Father's Birthplace Wethersville
- Name of Medical Attendant, or other Person who makes this Return. Dr. J. M. Adams
- Address 433 Alicea St
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21947

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 child

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race) white

3. Date of Birth November 23 1877

4. Place of Birth (Street and Number) 12 Cambridge St

5. Full Name of Mother Mary Deaknes

6. Mother's Maiden Name Mary Kane

7. Mother's Birthplace Ireland

8. Full Name of Father John Deaknes

9. Father's Occupation Laborer

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Bachelor on Garrett

Address 433 Aliceanna St

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21948



To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race)

3. Date of Birth *November 23^d 1877*

4. Place of Birth (Street and Number) *278 S Bond str*

5. Full Name of Mother *Mattie Kinsale*

6. Mother's Maiden Name *Sheldon*

7. Mother's Birthplace *City*

8. Full Name of Father *Charles F. Kinsale*

9. Father's Occupation *Seamaker*

10. Father's Birthplace *City*

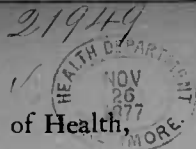
Name of Medical Attendant, or other Person who makes this return *Mrs Elizabeth Buschman*

Address *120 Bond str*

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race)

3. Date of Birth *November 23rd 1877*

4. Place of Birth (Street and Number) *No 111 Fall str.*

5. Full Name of Mother *Catherina Johnson*

6. Mother's Maiden Name *" Krouling*

7. Mother's Birthplace *Germany*

8. Full Name of Father *Andrew Johnson*

9. Father's Occupation *Bar Keeper*

10. Father's Birthplace *Ireland*

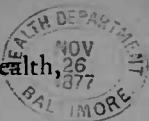
Name of Medical Attendant, or other Person who makes this return *Mrs Elizabeth Buchanan*

Address *120 Barn 2 25*

Remarks

RETURN OF A BIRTH.

21950



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3d*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race)
3. Date of Birth *Nov 23rd 1877*
4. Place of Birth (Street and Number) *711 S. Register*
5. Full Name of Mother *Margaret Eisenbach*
6. Mother's Maiden Name *Heil*
7. Mother's Birthplace *City*
8. Full Name of Father *William Eisenbach*
9. Father's Occupation *Carpenter*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this return *Mrs. Elizabeth Buschman*
- Address *211 Bank St.*
- Remarks

any person who is not a resident of the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21951



To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*
1. Sex (state whether Male or Female) *Boy*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *23 November*
4. Place of Birth (Street and Number) *77 Lurgeste Street*
5. Full Name of Mother *Agnes Haimbach*
6. Mother's Maiden Name *Lukas*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Herman Lukas*
9. Father's Occupation. _____
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this return *Maria Guttner*
- Address *Wolfe Street 245.*
- Remarks _____

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21952

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 child

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Nov 23 1877

4. Place of Birth (Street and Number) Hanover St No 200

5. Full Name of Mother Aida Morrison

6. Mother's Maiden Name Aida Stephansen

7. Mother's Birthplace Baltimore

8. Full Name of Father Charley Morrison

9. Father's Occupation Stone Maker

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary E. Anderson

Address No 72 Hamburg St.

Remarks

to advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21953

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 23 Nov
4. Place of Birth (Street and Number) No 4 Stirling St
5. Full Name of Mother L Susan Moore
6. Mother's Maiden Name Cherwin
7. Mother's Birthplace Baltimore
8. Full Name of Father Alonzo Moore
9. Father's Occupation Book Maker
10. Father's Birthplace Baltimore
Name of Medical Attendant, or other Person who makes this return Asa L. G. G. G.
Address No 7 Forest Place
Remarks

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

21954

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Nov 23rd 1877
4. Place of Birth (Street and Number) No 325 William St Balt Md
5. Full Name of Mother Margaret Parks
6. Mother's Maiden Name Steven son
7. Mother's Birthplace Baltimore
8. Full Name of Father George W Parks
9. Father's Occupation Brick Maker
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs Conley
- Address _____
- Remarks _____

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21953

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

African

3. Date of Birth

Nov. 23rd

4. Place of Birth (Street and Number)

Lamar 1512

5. Full Name of Mother

Rosetta Parker

6. Mother's Maiden Name

Sanders

7. Mother's Birthplace

Maryland

8. Full Name of Father

James Parker

9. Father's Occupation

Labourer

10. Father's Birthplace

Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

B. H. P. Ellis M.D.

Address

N.W. Cor. Fayette & Schneider

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21956

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 701
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Nov. 23rd - 1877
4. Place of Birth (Street and Number) 163 W Lombard St
5. Full Name of Mother Mary Kay
6. Mother's Maiden Name Collins
7. Mother's Birthplace Philadelphia
8. Full Name of Father _____
9. Father's Occupation Auctioneer
10. Father's Birthplace Philadelphia
- Name of Medical Attendant, or other Person who makes this Return. Thomas Opie M.D.
- Address 396 W Fayette
- Remarks _____

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar, ^{as provided,} within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21957

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

3. Date of Birth

Nov. 23rd 1877

4. Place of Birth (Street and Number)

64 Hillman st.

5. Full Name of Mother

Maggie McKee

6. Mother's Maiden Name

Gough

7. Mother's Birthplace

Pennsylvania

8. Full Name of Father

Edward McKee

9. Father's Occupation

Laborer

10. Father's Birthplace

Baltimore.

Name of Medical Attendant, or other Person who makes this Return.

Edward McKee

Address

137 1/2 E. E. st.

Remarks

Instrumental Labor.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21958

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th
1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) white
3. Date of Birth 23
4. Place of Birth (Street and Number) 499 Saratoga St
5. Full Name of Mother Emma Carter
6. Mother's Maiden Name Emma Bolter
7. Mother's Birthplace George Town
8. Full Name of Father John Carter
9. Father's Occupation Cornishen merchant
10. Father's Birthplace Cal Carol county
- Name of Medical Attendant, or other Person who makes this Return. Lysia Somerville
- Address 13 Clinton avenue
- Remarks

advice at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21959

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *November 23*
4. Place of Birth (Street and Number) *Cooper St 203*
5. Full Name of Mother *Maria Ann Bate*
6. Mother's Maiden Name *Shepard*
7. Mother's Birthplace *Baltimore City*
8. Full Name of Father *John Bate*
9. Father's Occupation *Builder*
10. Father's Birthplace *Caland*
- Name of Medical Attendant, or other Person who makes this Return. *Maryet C. Lee*
- Address *No 13 Federal St*
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21960



To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 d.
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth Nov 23d 1897
4. Place of Birth (Street and Number) 173 Bethel st
5. Full Name of Mother Kathrine Schreiber
6. Mother's Maiden Name Kathrine Flinkel
7. Mother's Birthplace Germane
8. Full Name of Father A. L. Schreiber
9. Father's Occupation Shoemaker
10. Father's Birthplace Germane
- Name of Medical Attendant, or other person who makes this Return. Marie R. Ruediger
- Address 134 S. Bond street
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21961

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



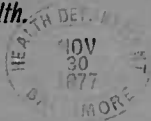
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 24 Baltimore
1. Sex (state whether Male or Female) Boy
2. Race or Color (if not of the white race) at is White Race
3. Date of Birth 23 Nov 1877
4. Place of Birth (Street and Number) Baltimore dalar St. 2
5. Full Name of Mother Mary Dula
6. Mother's Maiden Name Mary Anna
7. Mother's Birthplace skota
8. Full Name of Father Yasa Shuka
9. Father's Occupation clerk
10. Father's Birthplace skota
- Name of Medical Attendant, or other Person who makes this Return. Wm. J. Tipton
- Address _____
- Remarks _____

Born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21962

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether Male or Female) *Two Males*
2. Race or Color (if not of the white race)
3. Date of Birth *23rd Day of November 1877*
4. Place of Birth (Street and Number) *88 S. Poppleton St*
5. Full Name of Mother *Mary C. Naugher*
6. Mother's Maiden Name *Mary J. Leahy*
7. Mother's Birthplace *Ireland*
8. Full Name of Father *Patrick J. C. Naugher*
9. Father's Occupation *Shoemaker*
10. Father's Birthplace *Ireland*
- Name of Medical Attendant, or other Person who makes this Return. *John C. Moore*
- Address *136. E. McHenry St*
- Remarks *Healthy Swinn Boys*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21963

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Seventh*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race)

3. Date of Birth *Nov. 23. 1877*

4. Place of Birth (Street and Number) *286 McEwough St*

5. Full Name of Mother *Sarah F. Fogle*

6. Mother's Maiden Name *Sarah F. Brown*

7. Mother's Birthplace *Balto. Md.*

8. Full Name of Father *Jos. H. Fogle*

9. Father's Occupation *House Painter*

10. Father's Birthplace *Balto. Md.*

Name of Medical Attendant, or other Person who makes this Return. *Chas. A. Allwell*

Address *286 McEwough St*

Remarks

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21964

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *November 23rd 1897*
4. Place of Birth (Street and Number) *133 S. Washington St.*
5. Full Name of Mother *Emma Webb*
6. Mother's Maiden Name *Emma Bradburn*
7. Mother's Birthplace *Baltimore Co. Md.*
8. Full Name of Father *Joseph Webb.*
9. Father's Occupation *Pilot*
10. Father's Birthplace *Baltimore Md.*
Name of Medical Attendant, or other Person who makes this Return *John S. Lynch M.D.*
Address *S. E. Broadway & Pratt St.*
Remarks. *Beginning of 8th mo. utero gestation. Child exceedingly small & ill nourished.*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar within six days thereafter, stating distinctly the date of birth, sex, and color of the child or born, its or their physical condition, whether still born or not, the full name, nativity, and race of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21965

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

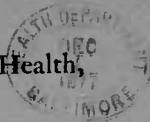


- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Child
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth June 23 1877
4. Place of Birth (Street and Number) 101 Spring St
5. Full Name of Mother Mary Keaton Johnson
6. Mother's Maiden Name Mary Keaton Johnson
7. Mother's Birthplace Baltimore City
8. Full Name of Father Benjamin Johnson
9. Father's Occupation Tramway
10. Father's Birthplace Baltimore City
- Name of Medical Attendant, or other Person who makes this Return. Dr. W. H. Johnson
- Address 101 Spring St
- Remarks At birth had this virus

advise at the birth of any child, within the City of Baltimore, shall report to the registrar afore-
 within six days thereafter, stating distinctly the date of birth, sex, and color of the child or child-
 born, its or their physical condition, whether still born or not, the full name, nativity, and residence of
 the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21966



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this return

Address

Remarks

8th
 Male
 White
 13th Nov
 145 Conway St
 Melina Beard
 Hoffmann
 Pennsylvania
 Daniel Beard
 Brick-layer
 Penn
 Mary Koch
 328 Fulton Street

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

(state whether Male or Female) ~~Female~~ - Male

Sex or Color (if not of the white race) White

Date of Birth Nov. 23rd 1877

Place of Birth (Street and Number) 156 East st.

Name of Mother Mrs. Jennie Belle.

Mother's Maiden Name Miss Jennie Leilduff

Mother's Birthplace Baltimore City

Name of Father Thomas L. Belle.

Father's Occupation Stone Cutter

Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Mary Ann. Martin

Address

162 E. 1st. st.

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *second*
1. Sex (state whether Male or Female) *female*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *November 23rd 1877*
4. Place of Birth (Street and Number) *138 Hudson street, Canton Balto*
5. Full Name of Mother *Virginia A Richardson*
6. Mother's Maiden Name *V. A. Board*
7. Mother's Birthplace *Harford county Md*
8. Full Name of Father *William Richardson*
9. Father's Occupation *Carpenter*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Laudia Wiley.*
- Address *112- Piddn. Park. arnew.*
- Remarks

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21969

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1

1. Sex (state whether Male or Female)...

male

2. Race or Color (if not of the white race)

colored

3. Date of Birth

November 23 1899

4. Place of Birth (Street and Number)

Myers Street

5. Full Name of Mother

Josephine Chase

6. Mother's Maiden Name

Josephine Parker

7. Mother's Birthplace

Balt. city

8. Full Name of Father

Edward Parker

9. Father's Occupation

sailor

10. Father's Birthplace

Virginia

Name of Medical Attendant, or other Person who makes this Return.

W. H. W. W.

Address

May Chase

Remarks

residence richard court

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

first.

1. Sex (state whether Male or Female)

male

2. Race or Color (if not of the white race)

white

3. Date of Birth

Nov 23. 1874.

4. Place of Birth (Street and Number)

137 n. Fremont St.

5. Full Name of Mother

Maria Lickling

6. Mother's Maiden Name

M. Meyer

7. Mother's Birthplace

Hanover Germany

8. Full Name of Father

Wm. Lickling

9. Father's Occupation

Boonmaker

10. Father's Birthplace

Hanover Germany

Name of Medical Attendant, or other Person who makes this Return.

Sophia Wenzel

Address

56 Pearl St.

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21971



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fifth

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

23 Nov 1877

4. Place of Birth (Street and Number)

387 Eastern Ave.

5. Full Name of Mother

Sophia Nies

6. Mother's Maiden Name

Germany

7. Mother's Birthplace

Carper Press

8. Full Name of Father

Smith

9. Father's Occupation

Germany

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this return

Wm. Mary E. Quinn

Address

203 Washington St.

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21972



To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st 140

1. Sex (state whether Male or Female) _____

2. Race or Color (if not of the white race) W

3. Date of Birth November 23, 1877

4. Place of Birth (Street and Number) N. 119 High St

5. Full Name of Mother Lorisa Brum

6. Mother's Maiden Name " Saville

7. Mother's Birthplace " England

8. Full Name of Father Lorin Brum

9. Father's Occupation Hotel Keeper

10. Father's Birthplace Balt. Mo

Name of Medical Attendant, or other Person who makes this Return.

J. H. Patterson M.D.
23 Franklin St

Address

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21973

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



Florence Estelle Rapp

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Nov 23rd*
4. Place of Birth (Street and Number) *Clinton st. Canton 3rd*
5. Full Name of Mother *Lillie Rapp*
6. Mother's Maiden Name *Lillie Bell*
7. Mother's Birthplace *Balt Md*
8. Full Name of Father *Henry Rapp*
9. Father's Occupation *mechanic*
10. Father's Birthplace *Balt Md*
- Name of Medical Attendant, or other Person who makes this Return. *John A. Corner*
- Address *286 E. Balt st.*
- Remarks **GIVEN NAME ADDED.** *3-18-52*

Let any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21974



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

November 23 - 1877

4. Place of Birth (Street and Number)

Washington St. near Bath

5. Full Name of Mother

Annie E. Maydwell

6. Mother's Maiden Name

n Davis.

7. Mother's Birthplace

Virginia

8. Full Name of Father

Henry Clay Maydwell

9. Father's Occupation

Printer

10. Father's Birthplace

Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

L. S. Fyfe

Address

L. S. Fyfe

Remarks

[Signature]

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21975-

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd Child*
1. Sex (state whether Male or Female) *Female.*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *November 24th*
4. Place of Birth (Street and Number) *York Street No 63.*
5. Full Name of Mother *Lizzie Renolds.*
6. Mother's Maiden Name *" Barney.*
7. Mother's Birthplace *Baltimore Md.*
8. Full Name of Father *Jack Renolds*
9. Father's Occupation *Laborer.*
10. Father's Birthplace *Baltimore Md.*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

E. Elizabeth Scarborough
No 220 Montgomery St

any physician, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21976



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) _____

3. Date of Birth 24 November 1877

4. Place of Birth (Street and Number) 6 East St.

5. Full Name of Mother Ellen Becker

6. Mother's Maiden Name Ellen Hedden

7. Mother's Birthplace England

8. Full Name of Father Thomas Becker

9. Father's Occupation Lab.

10. Father's Birthplace U States

Name of Medical Attendant, or other Person who makes this return Josiah Boyer

Address 52 E Lombard St

Remarks born alive died 5 minutes after, on neck

When any physician, accoucheur, midwife, or other person is charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Nov 24 November
4. Place of Birth (Street and Number) No. 294 August St.
5. Full Name of Mother Mabel's Dresser
6. Mother's Maiden Name Mabel's Sister Mrs. Harlow's
7. Mother's Birthplace Amstel. York.
8. Full Name of Father Frank Harlow
9. Father's Occupation Shoemaker
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return.
- Address Mrs. Lauer
- Remarks 173. Herfort. ave.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 21978

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

second

1. Sex (state whether Male or Female)

female

2. Race or Color (if not of the white race)

white

3. Date of Birth

November 24th 1877

4. Place of Birth (Street and Number)

57 Holland St

5. Full Name of Mother

Sarah Clara Leonard

6. Mother's Maiden Name

" " Corry

7. Mother's Birthplace

Charles County Maryland

8. Full Name of Father

John Leonard

9. Father's Occupation

Laborer

10. Father's Birthplace

Ireland

Name of Medical Attendant, or other Person who makes this Return.

P. G. Dauschmidt

Address

27 N. Broadway.

Remarks

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21979

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) _____
3. Date of Birth November 24th 1877
4. Place of Birth (Street and Number) No 58 Bank St
5. Full Name of Mother Ellen Sloan 111
6. Mother's Maiden Name Robertson
7. Mother's Birthplace City
8. Full Name of Father John Sloan
9. Father's Occupation Pipe fitter
10. Father's Birthplace City
- Name of Medical Attendant, or other Person who makes this return Mrs Elizabeth Robertson
- Address 120 Bank St
- Remarks _____

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21980

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th*
 1. Sex (state whether Male or Female) *Female*
 2. Race or Color (if not of the white race) _____
 3. Date of Birth *24 November 1877*
 4. Place of Birth (Street and Number) *1 East St*
 5. Full Name of Mother *Ellen Becker*
 6. Mother's Maiden Name *Ellen Kolacz*
 7. Mother's Birthplace *Ireland*
 8. Full Name of Father *Thomas Becker*
 9. Father's Occupation *Carver*
 10. Father's Birthplace *Ireland*
 Name of Medical Attendant, or other Person who makes this return *Dr. J. C. Cooper*
 Address *52 Lombard St*
 Remarks _____

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21981

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *mal*
2. Race or Color (if not of the white race) _____
3. Date of Birth *24 November 1877*
4. Place of Birth (Street and Number) *8 Front St*
5. Full Name of Mother *Anny Denton*
6. Mother's Maiden Name _____
7. Mother's Birthplace *W. State*
8. Full Name of Father _____
9. Father's Occupation _____
10. Father's Birthplace _____
Name of Medical Attendant, or other Person who makes this return *Sarah Cooper*
Address *526 Lombard St*
Remarks _____

RETURN OF A BIRTH.

21982



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 24 Nov
4. Place of Birth (Street and Number) Greenmount Ave Chase St
5. Full Name of Mother Mrs. M. C. Child
6. Mother's Maiden Name Ann J. Foster
7. Mother's Birthplace Geo. C. Addison
8. Full Name of Father G
9. Father's Occupation Shoe Maker
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this return Mrs. J. G. Harrison
- Address No 7 Forrest Place
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Record of Births in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar, before and within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH.

21983

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) _____
3. Date of Birth Nov. 24th 1877
4. Place of Birth (Street and Number) 37 Bunn St.
5. Full Name of Mother Margaret, Feeny
6. Mother's Maiden Name "Hagerty
7. Mother's Birthplace C. Derry, Ireland
8. Full Name of Father Patrick Feeny
9. Father's Occupation Marble Polisher
10. Father's Birthplace C. Derry, Ireland
- Name of Medical Attendant, or other Person who makes this Return. Edw. W. Moore
- Address 137 N. E. Enoch
- Remarks _____

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

219811



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex (state whether Male or Female) *Boy*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *24 November*
4. Place of Birth (Street and Number) *145 Alexander Street.*
5. Full Name of Mother *Kejdy Janowska*
6. Mother's Maiden Name *Koparsky*
7. Mother's Birthplace *Wangrowice Germany*
8. Full Name of Father *Ignacy Koparsky*
9. Father's Occupation
10. Father's Birthplace *Praken Germany*
- Name of Medical Attendant, or other Person who makes this return *Marie Guttner*
- Address *Wolfe Street 245.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29985



To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. Nov 26th 1877.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd ✓
 1. Sex (state whether Male or Female) Female ✓
 2. Race or Color (if not of the white race) White
 3. Date of Birth Nov 24th 1877
 4. Place of Birth (Street and Number) No 262 Niagara Street
 5. Full Name of Mother Catharina Greve
 6. Mother's Maiden Name Catharina Triefel
 7. Mother's Birthplace Germania
 8. Full Name of Father Charles F. Greve
 9. Father's Occupation Barkeeper
 10. Father's Birthplace Germania
- Name of Medical Attendant, or other Person who makes this return Mrs M. Anna
- Address No 107 S. High St.
- Remarks _____

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21986

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4.*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Nov. 24*
4. Place of Birth (Street and Number) *No 99 Plum Alley*
5. Full Name of Mother *Bertha Janasch*
6. Mother's Maiden Name *Priskorn*
7. Mother's Birthplace *Germani*
8. Full Name of Father *August Janasch*
9. Father's Occupation *Kuper*
10. Father's Birthplace *Germani*
- Name of Medical Attendant, or other Person who makes this Return. *Miss M. Aron.*
- Address *No 72. Lidenkhu Str.*
- Remarks

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. He or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

21987

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Nov. 24th 1877
4. Place of Birth (Street and Number) 83 N. Oregon
5. Full Name of Mother Josephine Sullivan
6. Mother's Maiden Name Johanna Brown
7. Mother's Birthplace Ireland
8. Full Name of Father John Sullivan
9. Father's Occupation House Painter
10. Father's Birthplace Ireland
- Name of Medical Attendant, or other Person who makes this Return. A. H. Sutton, M.D.
- Address 543 Lexington St
- Remarks "

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d.*
1. Sex (state whether Male or Female) *male*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *Nov. 24th 1877.*
4. Place of Birth (Street and Number) *29. n. Pearl St.*
5. Full Name of Mother *Louisa Ey.*
6. Mother's Maiden Name *L. Kroust.*
7. Mother's Birthplace *Baltimore Md*
8. Full Name of Father *Samuel Ey.*
9. Father's Occupation *Barber*
10. Father's Birthplace *Baltimore Md*
- Name of Medical Attendant, or other Person who makes this Return. *Sophia Wenzel*
- Address *56 Pearl St*
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) white
3. Date of Birth 24 Nov. 1877
4. Place of Birth (Street and Number) 164 Hoffman St
5. Full Name of Mother Rosa Lee Johnson
6. Mother's Maiden Name " " "
7. Mother's Birthplace Georgia
8. Full Name of Father H. P. Pinney
9. Father's Occupation _____
10. Father's Birthplace _____
- Name of Medical Attendant, or other Person who makes this Return W. F. Akerup
- Address 55 N Green St. (for C. J. Taneyhill)
129 W. Biddle
- Remarks _____

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21990



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) wht
3. Date of Birth Nov. 24. 1877
4. Place of Birth (Street and Number) 40 3rd Republican st
5. Full Name of Mother Katie B. Welch -
6. Mother's Maiden Name " " Asnew
7. Mother's Birthplace md
8. Full Name of Father Harry F. Welch
9. Father's Occupation clerk
10. Father's Birthplace md
- Name of Medical Attendant, or other Person who makes this Return. Her Ino R. Wohler
- Address 234 W Fayette st freystraneyhni
- Remarks 129 W Biddle

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Nov. 24th

4. Place of Birth (Street and Number)

No. 312 Alice Ann St

5. Full Name of Mother

Margareta Gebhardt

6. Mother's Maiden Name

Baum

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Friedrich Gebhardt

9. Father's Occupation

Carpenter

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mr. Gebel

Address

No. 55 T. Bond St

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

GIVEN NAME ADDED 11-4-55
RETURN OF A BIRTH.

21992

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Ellen Ophelia Brown

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd.*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Nov. 24 2nd A. M. 1877*

4. Place of Birth (Street and Number) *91 S. Carrollton Ave. Baltw. City*

5. Full Name of Mother *Mary Ann Brown*

6. Mother's Maiden Name *Mary Ann Harp*

7. Mother's Birthplace *Baltw. City*

8. Full Name of Father *Louis Edward Brown*

9. Father's Occupation *Green Grocer*

10. Father's Birthplace *Baltw. City*

Name of Medical Attendant, or other Person who makes this Return.

Address *299 E. Balto Street.*

Remarks



advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21993

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex (state whether Male or Female) *Male* - 1
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Nov. 24th 7⁴⁵ A. M. 1877.*
4. Place of Birth (Street and Number) *174 P. Ann.*
5. Full Name of Mother *Clara Isabella Ewings*
6. Mother's Maiden Name *Clara Isabella Wright*
7. Mother's Birthplace *Balt. City*
8. Full Name of Father *Richard Ewings*
9. Father's Occupation *Letter Carrier*
10. Father's Birthplace *Balt. City*
- Name of Medical Attendant, or other Person who makes this Return. *James E. Arncliffe M.D.*
- Address *299 E. Baltimore St.*
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21994

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White, Colord.

3. Date of Birth 24th Nov 1877.

4. Place of Birth (Street and Number) No 12 Spring St.

5. Full Name of Mother Spouse William

6. Mother's Maiden Name Laura Johnson

7. Mother's Birthplace Baltimore City

8. Full Name of Father Robert Johnson

9. Father's Occupation Seaman

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Dr. J. H. Carter

Address 123 N. E. Carter

Remarks

advise at the birth of any child within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

21995

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th
1. Sex (state whether ~~Male~~ or Female)
2. Race or Color (if not of the white race) White
3. Date of Birth Nov. 25th 1877
4. Place of Birth (Street and Number) N. Epton 124
5. Full Name of Mother Anne Shannon
6. Mother's Maiden Name Anne Norris
7. Mother's Birthplace Baltimore
8. Full Name of Father Francis Shannon
9. Father's Occupation Marine Engineer.
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return.

E. C. Baldwin M. D.

Address 124 N Epton

Remarks

It is the duty of any physician, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No 248. //

RETURN OF A BIRTH.

21996

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

11th

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

white

3. Date of Birth

Nov. 25. 1877

4. Place of Birth (Street and Number)

11. St. Asaph St. No 123.

5. Full Name of Mother

Maria Wornis

6. Mother's Maiden Name

Thie

7. Mother's Birthplace

Emstet Oldenburg

8. Full Name of Father

Theroman Wornis

9. Father's Occupation

Tailor

10. Father's Birthplace

Emstet Oldenburg

Name of Medical Attendant, or other Person who makes this return

Mrs Johanna Baupach

Address

South Wolfe St No 28

Remarks

Wid wife

Let any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21997

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *one child one mother*
1. Sex (state whether Male or Female) *male child*
2. Race or Color (if not of the white race) *White Child*
3. Date of Birth *Nov the 24-1877*
4. Place of Birth (Street and Number) *Madison St 4144*
5. Full Name of Mother *Kate Bregle*
6. Mother's Maiden Name *Kate Knorr*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *William Edward Bregle*
9. Father's Occupation *Labor*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Lurinda Worford*
- Address *Regisser St 130 Baltimore*
- Remarks

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 21998

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7 ~~seven~~
1. Sex (state whether Male or Female) _____
2. Race or Color (if not of the white race) _____
3. Date of Birth November 28th 1877
4. Place of Birth (Street and Number) McDonough St. No 332
5. Full Name of Mother Alexina Clara Glanville
6. Mother's Maiden Name Janchild
7. Mother's Birthplace Baltimore
8. Full Name of Father James Offely Glanville
9. Father's Occupation Collector
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Geo. H. Wayson M.D.
- Address 18 Disquette St.
- Remarks _____

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21999



To the Office of Registrar of Vital Statistics, Board of Health,

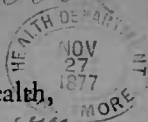
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Eighth*
1. Sex (state whether Male or Female) *White Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *November 25th 1877*
4. Place of Birth (Street and Number) *McEldery St Extended*
5. Full Name of Mother *Rebecca Johnson*
6. Mother's Maiden Name *Rebecca Mitchell*
7. Mother's Birthplace *Bermuda*
8. Full Name of Father *Marion Johnson*
9. Father's Occupation *Bricklayer*
10. Father's Birthplace *Baltimore*
Name of Medical Attendant, or other Person who makes this return *Mrs Margaret McInnes*
Address *McEldery St Duncom St*
Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22000



To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. Nov 26th 1877.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Female.

2. Race or Color (if not of the white race) White.

3. Date of Birth Nov 25th 1877.

4. Place of Birth (Street and Number) No 44 S. Wolfe St.

5. Full Name of Mother Bridget Drummond

6. Mother's Maiden Name Bridget Wraisted.

7. Mother's Birthplace Ireland.

8. Full Name of Father William Drummond.

9. Father's Occupation Laborer.

10. Father's Birthplace Ireland.

Name of Medical Attendant, or other Person who makes this return Mrs. McAnand.

Address No 137 S. Wolfe St.

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22001

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d.

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) white

3. Date of Birth nov. the 25th.

4. Place of Birth (Street and Number) No. 273 Cross St.

5. Full Name of Mother Julia Schuerholz,

6. Mother's Maiden Name Weickard

7. Mother's Birthplace Balt. Md.

8. Full Name of Father Wm Schuerholz

9. Father's Occupation Sigar maker.

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Ellina Strong

Address No. 32 Leadenhall st.

Remarks child in good health

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH. 22002

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Pemipara
Mae.

1. Sex (state whether Male or Female)

White

2. Race or Color (if not of the white race)

3. Date of Birth

Nov. 25 - 1897

4. Place of Birth (Street and Number)

231 Pierce St.

5. Full Name of Mother

Alice M. Kerrin

6. Mother's Maiden Name

Alice Brown

7. Mother's Birthplace

Calvert Co. Md

8. Full Name of Father

Wm. M. Kerrin

9. Father's Occupation

Painter

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or of Person who made this Return.

A. A. Satterlee

Address.

523 Lexington St.

Remarks

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

9200a3

NOV
30
1877

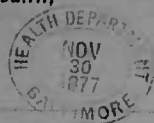
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3d Baltimore*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *it is white race*
3. Date of Birth *25th December, 1877*
4. Place of Birth (Street and Number) *Baltimore avenue No 123*
5. Full Name of Mother *Mary Jones*
6. Mother's Maiden Name *Jones*
7. Mother's Birthplace *Wales*
8. Full Name of Father *Frank Jones*
9. Father's Occupation *dealer*
10. Father's Birthplace *Wales*
- Name of Medical Attendant, or other Person who makes this Return. *Mary Jones*
- Address *1367 - Highgate St Baltimore*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22004

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) M.

2. Race or Color (if not of the white race) _____

3. Date of Birth Nov 28th 1877

4. Place of Birth (Street and Number) 300 E. Pratt St

5. Full Name of Mother Mary Brouney

6. Mother's Maiden Name Mary Phelps

7. Mother's Birthplace Baltimore Md

8. Full Name of Father James E. Brouney

9. Father's Occupation Book. Keeper

10. Father's Birthplace _____

Name of Medical Attendant, or other Person who makes this Return. Charles Morfit M.D.

Address 207 8th E. Baltimore St.

Remarks _____

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22005



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fifth

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

November 25.

4. Place of Birth (Street and Number)

Elizabeth Alley

5. Full Name of Mother

Kate Zimmerman

6. Mother's Maiden Name

Butz

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Thomas Zimmerman

9. Father's Occupation

Shoemaker

10. Father's Birthplace

Poussier

Name of Medical Attendant, or other Person who makes this return

Mary Pratt

Address

325 South Main St.

Remarks

Pato.

That any physician, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22006



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
 1. Sex (state whether Male or Female) Male
 2. Race or Color (if not of the white race) White
 3. Date of Birth Nov 25th
 4. Place of Birth (Street and Number) 315 N. Pratt, st.
 5. Full Name of Mother Cristina Young
 6. Mother's Maiden Name Eberline
 7. Mother's Birthplace Premen
 8. Full Name of Father Samuel Young
 9. Father's Occupation Shoemaker
 10. Father's Birthplace Kos. Hussin
 Name of Medical Attendant, or other Person who makes this return Mary Krow
 Address 328 South Eland st.
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22007

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9
 1. Sex (state whether Male or Female) Female
 2. Race or Color (if not of the white race) White
 3. Date of Birth 25 November
 4. Place of Birth (Street and Number) 52 Pratt St.
 5. Full Name of Mother Maryetta Kildesbrandt
 6. Mother's Maiden Name Douglas
 7. Mother's Birthplace Germany
 8. Full Name of Father Henry Kildesbrandt
 9. Father's Occupation Barber
 10. Father's Birthplace Germany
 Name of Medical Attendant, or other Person who makes this return Sophia Simon
 Address no 70 & only
 Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 22008

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3^d
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Nov 25, 1877
4. Place of Birth (Street and Number) North Street & Third Alley
5. Full Name of Mother Mrs. Francis Gayle
6. Mother's Maiden Name Mrs. Francis Jackson
7. Mother's Birthplace Baltimore
8. Full Name of Father John B. Dyer
9. Father's Occupation Saloonman
10. Father's Birthplace Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return. Harry L. Boyd

Address 132 N. Belington Avenue

Remarks Instrumental labor. Birth imminent.
Mother & child dismissed.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22009

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

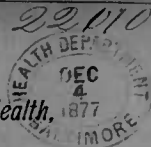


- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth Nov. 25
4. Place of Birth (Street and Number) 1115 E. Eloceny St - No 4-6
5. Full Name of Mother Annie Jordan
6. Mother's Maiden Name Annie Brown
7. Mother's Birthplace Baltimore, Md.
8. Full Name of Father James H. Jordan
9. Father's Occupation Brick molder
10. Father's Birthplace Baltimore, Md.
- Name of Medical Attendant, or other Person who makes this Return. Henrietta G. G. G.
- Address 1115 E. Eloceny St - Baltimore
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth November 25th 1877
4. Place of Birth (Street and Number) 103 S. Exeter St
5. Full Name of Mother Rebecca - Moses
6. Mother's Maiden Name is Fried
7. Mother's Birthplace Baltimore
8. Full Name of Father Samuel Moses
9. Father's Occupation merchant
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Dr. S. J. Taylor
- Address 86 S. Taylor St
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22011

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

3. Date of Birth

25th of November

4. Place of Birth (Street and Number)

No. 89 Oak St.

5. Full Name of Mother

Sarah Esther Chalk.

6. Mother's Maiden Name

Crosby.

7. Mother's Birthplace

Baltimore

8. Full Name of Father

George Robert Chalk.

9. Father's Occupation

Brakeman

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Charles Crosby.

Address

369 Cathedral St.

Remarks

nd/ies at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22012

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

Nov 25th 1876

4. Place of Birth (Street and Number)

E. Balto near Chester

5. Full Name of Mother

Sarah Amelia Dickey

6. Mother's Maiden Name

" " Jackson

7. Mother's Birthplace

Maryland

8. Full Name of Father

Wm. R. Dickey

9. Father's Occupation

Carpenter

10. Father's Birthplace

P. A.

Name of Medical Attendant, or other Person who makes this Return.

E. Ridgway, Andro M. D.

Address

No 121 E. Balto

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22013

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

1st
Female
White
Nov 26 1877
85 Fort Green
Mary J. Johnson
Mary J. Kellough
Md
George Johnson
R.R. Engineer
Md
P.B. North, M.D.
17 Waverly St

adviso at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22014

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

3^d 1877
Male
White
Nov 26 1877
25 Covington St
Angelina Boston
Angelina McKean
St. Jessy
Hill Boston
Cloth Blower
St. J. C.
H. B. Hoffman
17 Gramer St

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

22015

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Fifth (5th)*
 1. Sex (state whether Male or Female) *Female*
 2. Race or Color (if not of the white race) *white*
 3. Date of Birth *November 16 1877.*
 4. Place of Birth (Street and Number) *366 E. Bayre street*
 5. Full Name of Mother *Magdalena Leinkuhler*
 6. Mother's Maiden Name *" Rattman*
 7. Mother's Birthplace *Germany*
 8. Full Name of Father *Albert Leinkuhler*
 9. Father's Occupation *Shoemaker*
 10. Father's Birthplace *Baltimore*
 Name of Medical Attendant, or other Person who makes this Return. *Dr. J. W. M. M. M.*
 Address *25 E. Cor Bayre Carroll St*
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2,2016

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth 26 Nov

4. Place of Birth (Street and Number) No 20 Burren St

5. Full Name of Mother Ann Mc Guire

6. Mother's Maiden Name Nevelly

7. Mother's Birthplace Co Cork Ireland

8. Full Name of Father Wm Mc Guire

9. Father's Occupation Labourer

10. Father's Birthplace Co Cork Ireland

Name of Medical Attendant, or other Person who makes this return Mrs. J. L. Harrison

Address No 7 Forrest Place

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 28 November
4. Place of Birth (Street and Number) Clemson 12 Park Road
5. Full Name of Mother May Ann Kelly
6. Mother's Maiden Name May Ann Kane
7. Mother's Birthplace Millarino
8. Full Name of Father Marlin Keane
9. Father's Occupation Labor
10. Father's Birthplace Ireland
- Name of Medical Attendant, or other Person who makes this Return. Margaret Ebel
- Address Lopus
- Remarks born

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22018



To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Nov 26 - 1897
4. Place of Birth (Street and Number) 252 Franklin St.
5. Full Name of Mother Emma C. Hachtel
6. Mother's Maiden Name " " " "
7. Mother's Birthplace Baltimore Md.
8. Full Name of Father Charles B. Hachtel
9. Father's Occupation Baker
10. Father's Birthplace Baltimore Md.
- Name of Medical Attendant, or other Person who makes this Return. Wm. H. D.
- Address 87 Mulberry St.
- Remarks

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

11th
11th
Female

Colored

November 26th 1877

No 30 Forrest St.

Elizabeth Duffin

Elizabeth Brown

Balto

John T Duffin

Coachman

Baltimore

Saml E. Gosselin M.D.

No 29 Arch St

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar immediately within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22020

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *10th*
1. Sex (state whether Male or Female) *male*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *Nov. 26th 1877.*
4. Place of Birth (Street and Number) *62 Wall Street.*
5. Full Name of Mother *Hermine Hell*
6. Mother's Maiden Name *El. Gross.*
7. Mother's Birthplace *Prussian*
8. Full Name of Father *Lewis Hell*
9. Father's Occupation *Carpenter*
10. Father's Birthplace *Wurtemberg*
Name of Medical Attendant, or other Person who makes this Return. *Sophia Wenzel*
Address *36 Paul St.*
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22021

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.
 1. Sex (state whether Male or Female) Female
 2. Race or Color (if not of the white race) White
 3. Date of Birth 26. October 1877.
 4. Place of Birth (Street and Number) Baltimore, Eger St. No. 216.
 5. Full Name of Mother Schanna Popp
 6. Mother's Maiden Name Schanna Haider
 7. Mother's Birthplace Baltimore.
 8. Full Name of Father Stephen Popp
 9. Father's Occupation Sailor.
 10. Father's Birthplace Germany
 Name of Medical Attendant, or other Person who makes this return Dina Willquist
 Address No. 182. Monument St.
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22022

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
 1. Sex (state whether Male or Female) *Male*
 2. Race or Color (if not of the white race) *White*
 3. Date of Birth *Nov. 26th 1877*
 4. Place of Birth (Street and Number) *82 David Hill Avenue*
 5. Full Name of Mother *Sarah Elizabeth Smith*
 6. Mother's Maiden Name *Barker*
 7. Mother's Birthplace *Baltimore City Maryland*
 8. Full Name of Father *Francis Astor Smith*
 9. Father's Occupation *Merchant*
 10. Father's Birthplace *Winchester, Frederick Co., Virginia*
 Name of Medical Attendant, or other Person who makes this Return. *Mrs. Dumbler*
 Address *60 N. Schorder Street*
 Remarks

RETURN OF A BIRTH.

22023

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 11
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 26 November
4. Place of Birth (Street and Number) 122 Seaview street
5. Full Name of Mother Katherine Degler
6. Mother's Maiden Name Lissoner
7. Mother's Birthplace Baltimore
8. Full Name of Father Gallop Degler
9. Father's Occupation Sailor
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this return Lissoner
- Address 1070 Seaview street
- Remarks

Advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH.

22024

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Chi'd of Mother, (state whether 1st, 2d, 3d, &c.)

Fawcett

1. Sex (state whether Male or Female)

Mark

2. Race or Color (if not of the white race)

White

3. *Date of Birth*

Nov. 26 1897

4. *Place of Birth (Street and Number)*

#171 Schiphol

5. *Full Name of Mother*

John M. C. Ingram

6. *Mother's Maiden Name*

Mr. M. Cross

7. Mother's Birthplace

Ball

8. *Full Name of Father*

Wm. J. Madison

9. *Father's Occupation*

Can Mark Baller -

10. *Father's Birthplace*

Валю

Name of Medical Attendant, or other Person who makes this return

10 *Wm. W. W. W.*

Address

203

Remarks

...and ...

WM. J. C. DULANEY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22025

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) Colored

3. Date of Birth November 26

4. Place of Birth (Street and Number) No 185 West Street

5. Full Name of Mother Mary Brown

6. Mother's Maiden Name Mary Gray

7. Mother's Birthplace Richmond Virginia

8. Full Name of Father George Brown

9. Father's Occupation Labour

10. Father's Birthplace Richmond Virginia

Name of Medical Attendant, or other Person who makes this Return.

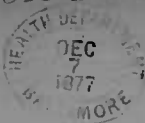
Address

Remarks Midwife Caroline Fisher No 7 Houses Court

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Nov 26th
4. Place of Birth (Street and Number) No 575 West of Lombard St
5. Full Name of Mother Eliza F. Garrison
6. Mother's Maiden Name Barlow
7. Mother's Birthplace Prussia, Germany
8. Full Name of Father John F. Garrison
9. Father's Occupation Minister
10. Father's Birthplace Prussia, Germany
- Name of Medical Attendant, or other Person who makes this Return. Dr. J. A. L. L. L.
- Address No 575 West of Lombard St.
- Remarks Living Well

That any physician, accoucheur, midwife, or other person in charge, or person present, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22027

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Nov 27th 1877

4. Place of Birth (Street and Number)

No 114 Lexington St

5. Full Name of Mother

Isla S. Simmonds

6. Mother's Maiden Name

Blake

7. Mother's Birthplace

Virginia

8. Full Name of Father

Osburn S. Simmonds

9. Father's Occupation

Capt of Stevedock

10. Father's Birthplace

A. A. Co. Md

Name of Medical Attendant, or other Person who makes this Return.

Jno. D. Blake M.D. Et.

Address

Thos Office Md

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



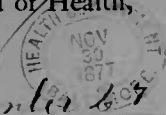
- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5 five 111
1. Sex (state whether Male or Female) 1
2. Race or Color (if not of the white race) _____
3. Date of Birth November 27th 1877
4. Place of Birth (Street and Number) 49 Hillin Baltimore
5. Full Name of Mother Adelia McHista
6. Mother's Maiden Name Love
7. Mother's Birthplace England
8. Full Name of Father William Duncan McHista
9. Father's Occupation Carpenter
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Geo W Wagon M.D.
- Address 18 Bequith St
- Remarks _____

that any physician, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22030

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Seventeen 17

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

Colored

3. Date of Birth

Saturday Morning 20th

4. Place of Birth (Street and Number)

family Spring garden cr. No 1

5. Full Name of Mother

Elisee Stammers

6. Mother's Maiden Name

Elisee Jackson

7. Mother's Birthplace

Henry Stammers

8. Full Name of Father

Frederic one Sherman

9. Father's Occupation

Chalston

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this return

Catharine Jones

Address

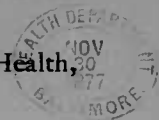
No 2 Spring garden cr

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

22031

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Jan 27 1877
4. Place of Birth (Street and Number) No 49 Albmark street
5. Full Name of Mother Mary Kelly
6. Mother's Maiden Name Mary McManis
7. Mother's Birthplace America
8. Full Name of Father Patrick Kelly
9. Father's Occupation Stone Mason
10. Father's Birthplace Ireland
- Name of Medical Attendant, or other Person who makes this return Elizabeth Fleming
- Address No 95 Albmark street
- Remarks healthy

When any physician, apothecary, minister, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *Nov 22th 1877*
4. Place of Birth (Street and Number) *Robertson St*
5. Full Name of Mother *Lucy Hamilton*
6. Mother's Maiden Name
7. Mother's Birthplace *Virginia*
8. Full Name of Father *James Hamilton*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Virginia*
- Name of Medical Attendant, or other Person who makes this Return. *West Louise Sexton*
- Address
- Remarks

that any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *34*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *27th November 1877*
4. Place of Birth (Street and Number) *50 1/2 E. Pratt St. Baltimore*
5. Full Name of Mother *Anna Rohmeyer*
6. Mother's Maiden Name *Anna Bolhr.*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Adolph Rohmeyer*
9. Father's Occupation *Bookkeeper*
10. Father's Birthplace *Germany*
- Name of Medical Attendant or other Person who makes this return *Olga Hillegast*
- Address *No 182 Monument St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*
1. Sex (state whether ~~Male or Female~~) *male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *November the 27. 1877*
4. Place of Birth (Street and Number) *N. Dallas St. No. 35*
5. Full Name of Mother *Vernigunde Albrecht*
6. Mother's Maiden Name *Vernigunde Eckhard*
7. Mother's Birthplace *Eckhardshausen, N. Baiern, Germany*
8. Full Name of Father *Friedrich Albrecht*
9. Father's Occupation *none*
10. Father's Birthplace *Leffelstorf, N. Württemberg, Germany*
- Name of Medical Attendant, or other Person who makes this report *Harry E. Muller*
- Address *N. Dallas St. No. 26.*
- Remarks

Not any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

220357

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st.
1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race) White.
3. Date of Birth Nov 27 1877
4. Place of Birth (Street and Number) 168 E Monument St.
5. Full Name of Mother Mary Webb
6. Mother's Maiden Name Bell.
7. Mother's Birthplace Virginia.
8. Full Name of Father George W. Webb.
9. Father's Occupation Railroader.
10. Father's Birthplace Maryland
- Name of Medical Attendant, or other Person who makes this Return. Dr W. P. Morgan.
- Address 175 Saratoga St.
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22036

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th*
1. Sex (state whether Male or Female) *male*
2. Race or Color (if not of the white race)
3. Date of Birth *November the 29 1877*
4. Place of Birth (Street and Number) *No 40 Prager St*
5. Full Name of Mother *Francis Reith*
6. Mother's Maiden Name *Francis Grupp*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Julius Reith*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Miss Annie Messing*
- Address *No 220 Prager St*
- Remarks

RETURN OF A BIRTH.

22037

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th Child*
1. Sex (state whether Male or Female) *Male.*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *November 27th*
4. Place of Birth (Street and Number) *No 66 York St.*
5. Full Name of Mother *Annie ~~Steele~~ Murphy*
6. Mother's Maiden Name *Annie Steele.*
7. Mother's Birthplace *Germany.*
8. Full Name of Father *James. Murphy*
9. Father's Occupation *Laborer.*
10. Father's Birthplace *Baltimore Md.*
- Name of Medical Attendant, or other Person who makes this Return. *Elizabeth Scarborough.*
- Address *No 220 Montgomery Street*
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22038



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth October 27th 1877
4. Place of Birth (Street and Number) No 230 Chase st.
5. Full Name of Mother Barbra Greager Wallinger
6. Mother's Maiden Name Barbra Greager
7. Mother's Birthplace Baltimore
8. Full Name of Father W Martin Wallinger
9. Father's Occupation Miller
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this return Oena Hillquist
- Address No 182 Monument st.
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether ~~and~~ born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) _____
3. Date of Birth *November 27th 1877*
4. Place of Birth (Street and Number) *No. 67 T. Ashin st*
5. Full Name of Mother *Mary R. Graves*
6. Mother's Maiden Name *Mary R. Quincy*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Samuel T. Graves*
9. Father's Occupation *Seaborn*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Jane Mercer*
- Address *136 N. Henry st Baltimore Md.*
- Remarks _____

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22040



To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8th

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

Col.

3. Date of Birth

November 27th 1877

4. Place of Birth (Street and Number)

82 So. Biddle St.

5. Full Name of Mother

Rachel R. Jarvis

6. Mother's Maiden Name

Rachel R. Brown

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Concepcion A. Jarvis

9. Father's Occupation

Superintendent of Marine Rail Way

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

J. Lawrence McKim M.D.
J. J. Boring

Address

Remarks

advise at the birth of any child. within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22,041



To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

Colored

3. Date of Birth

November 27th 1877

4. Place of Birth (Street and Number)

11 So. Bell St.

5. Full Name of Mother

Ann M. Redick

6. Mother's Maiden Name

Ann M. Henry

7. Mother's Birthplace

Cambridge Md.

8. Full Name of Father

Robert Redick

9. Father's Occupation

Laborer

10. Father's Birthplace

Virginia

Name of Medical Attendant, or other Person who makes this Return.

G. L. McKim M.D.

Address

47 So. Broadway

Remarks

Let any physician, acoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH:

22042

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th*
 1. Sex (state whether Male or Female) *Male*
 2. Race or Color (if not of the white race) *White*
 3. Date of Birth *Nov 27th 1811*
 4. Place of Birth (Street and Number) *Baltimore Parker St No 17*
 5. Full Name of Mother *Sarah M^{rs} Walker*
 6. Mother's Maiden Name *Piquett*
 7. Mother's Birthplace *Baltimore*
 8. Full Name of Father *James M^{rs} Walker*
 9. Father's Occupation *Sealer*
 10. Father's Birthplace *Baltimore*
 Name of Medical Attendant, or other Person who makes this return *Mrs. C. Mitchell*
 Address *No 122 Parker St*
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22043

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) white
3. Date of Birth November 27th 1877
4. Place of Birth (Street and Number) 240 Alister Avenue Nt
5. Full Name of Mother Anna Catherine Tatz
6. Mother's Maiden Name Knierim
7. Mother's Birthplace Germany
8. Full Name of Father John Tatz
9. Father's Occupation merchant
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Dr. John H. Smith
- Address Dr. J. Fayell
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22044

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) _____
3. Date of Birth *27th of November*
4. Place of Birth (Street and Number) *No. 7 Hudson Alley*
5. Full Name of Mother *Ann M^c Mary*
6. Mother's Maiden Name *Synch*
7. Mother's Birthplace *Ireland*
8. Full Name of Father *John M^c Mary*
9. Father's Occupation *Sawyer*
10. Father's Birthplace *Ireland*
- Name of Medical Attendant, or other Person who makes this Return *Charlotte Crosby*
- Address *269 Bathurst St.*
- Remarks _____

For any physician, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2204-5

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2^d*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *November 27th 1877*
4. Place of Birth (Street and Number) *76 Pennsylvania av*
5. Full Name of Mother *Elizabeth Hensel*
6. Mother's Maiden Name *" " Kolb*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Eigenue Hensel*
9. Father's Occupation *Carpenter*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this return *Theresa Eigeldinger*
- Address *No. 14 Union Street*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22046

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Child one*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *23rd March*
4. Place of Birth (Street and Number) *No 28 1877*
5. Full Name of Mother *Eliza Mary*
6. Mother's Maiden Name
7. Mother's Birthplace *Eastern Shore*
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace
- Name of Medical Attendant, or other Person who makes this Return. *Lucindia Wolford*
- Address *130 Regester Street*
- Remarks *Perfect state of good health*

That any physician, accoucheur, midwife, or other person in charge of a child, shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

22047

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Nov 20

4. Place of Birth (Street and Number) 97 Phcast

5. Full Name of Mother Gertrude Joyce

6. Mother's Maiden Name Gertrude Laddue

7. Mother's Birthplace Montgomery County Md

8. Full Name of Father Wm Dorsey

9. Father's Occupation Rail Road Officer

10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Address

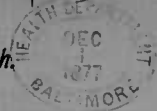
Remarks

L. R. Joyce
Lanvale St. Park

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22448
Pro



To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

Name of child: Florence S. Saunders
No. of Child by Mother, (state whether 1st, 2d, 3d, &c.) 2 child
1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) white
3. Date of Birth November 28 1877
4. Place of Birth (Street and Number) 28 Polomack St
5. Full Name of Mother Laura (Charlotte) Saunders
6. Mother's Maiden Name Laura (Charlotte) Benten
7. Mother's Birthplace Baltimore
8. Full Name of Father Larkens Saunders
9. Father's Occupation laborer
10. Father's Birthplace Virginia
Name of Medical Attendant, or other Person who makes this Return. Rachel Ann Garrett
Address 473 Alicean mch St
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22049

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Caucasian
3. Date of Birth May 28
4. Place of Birth (Street and Number) 12 Little Rock Street
5. Full Name of Mother Cheryl Eliza Gault
6. Mother's Maiden Name W. T. Gault ~~married~~
7. Mother's Birthplace Baltimore
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace
- Name of Medical Attendant, or other Person who makes this Return. Mrs. L. J. Johnson
- Address No. 22 State St.
- Remarks Healthy child

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 22050

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) Colored
3. Date of Birth Aug. 28
4. Place of Birth (Street and Number) 25 South St
5. Full Name of Mother Henrietta Carr
6. Mother's Maiden Name Henrietta Liberson
7. Mother's Birthplace Cambridge Mass
8. Full Name of Father David Carr
9. Father's Occupation Laborer
10. Father's Birthplace Cambridge Mass
- Name of Medical Attendant, or other Person who makes this Return Mrs. J. H. Johnson
- Address 132 South St
- Remarks None

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22051



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth November 28 1877

4. Place of Birth (Street and Number) No 1 Harrow Alice

5. Full Name of Mother William Mary

6. Mother's Maiden Name Bridenbach

7. Mother's Birthplace Prussia

8. Full Name of Father William Mary

9. Father's Occupation Labor

10. Father's Birthplace Prussia

Name of Medical Attendant, or other Person who makes this return Ellis Schmidt

Address 117 1/2 Lomb St.

Remarks

any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, as or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22052

To the Office of Registrar of Vital Statistics, Board of Health,



BALTIMORE CITY.

Name. Anna Barbara Louise Renoff

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

1. Sex (state whether ~~Male~~ Female)

2. Race or Color (if not of the white race) White

3. Date of Birth November 28, 1877

4. Place of Birth (Street and Number) E. Gay St. No. 191.

5. Full Name of Mother Elise Renoff, Renoff

6. Mother's Maiden Name Elise Bröckel

7. Mother's Birthplace Holfthupach, Gr. Hessen, Germany

8. Full Name of Father John L. (Renoff) Renoff

9. Father's Occupation Moulder

10. Father's Birthplace Dollenhausen, N. Prussia, Germany

Name of Medical Attendant, or other Person who makes this return

Address N. Dallas St. No. 26

Remarks

Every physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

first

1. Sex (state whether Male or Female)

female

2. Race or Color (if not of the white race)

white

3. Date of Birth

Nov. 28th 1877.

4. Place of Birth (Street and Number)

20 Warner St.

5. Full Name of Mother

Lisa Meyer

6. Mother's Maiden Name

L. Lalia

7. Mother's Birthplace

Hanover Germany

8. Full Name of Father

J. Meyer

9. Father's Occupation

Shoemaker

10. Father's Birthplace

Hanover Germany

Name of Medical Attendant, or other Person who makes this Return.

Sophia Wenzel

Address

56 Paul St.

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22054

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d.*
1. Sex (state whether Male or Female) *male*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *Nov. 28. 1877.*
4. Place of Birth (Street and Number) *29 Pearl St.*
5. Full Name of Mother *Elisa Lanter*
6. Mother's Maiden Name *E. Shaen*
7. Mother's Birthplace *Baltimore Md.*
8. Full Name of Father *Eduard Lanter*
9. Father's Occupation *Painter*
10. Father's Birthplace *Baltimore Md.*
Name of Medical Attendant, or other Person who makes this Return. *Sophia Wenzel*
Address *36 Pearl St.*
Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22055

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *28th November 1877*
4. Place of Birth (Street and Number) *Hollis's Alley No. 92*
5. Full Name of Mother *Martha Friedhoffen*
6. Mother's Maiden Name *Martha Moore*
7. Mother's Birthplace *Ireland*
8. Full Name of Father *William C. Friedhoffen*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Jane Mercer*
- Address *No. 136 McHenry St Baltimore Md. D.C.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22056

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *Wh*
3. Date of Birth *Nov 29th 1877*
4. Place of Birth (Street and Number) *101 Johnson St.*
5. Full Name of Mother *Minnie Loesel*
6. Mother's Maiden Name *Bornhorn*
7. Mother's Birthplace *Balt City*
8. Full Name of Father *Phillip Loesel*
9. Father's Occupation *Merchant*
10. Father's Birthplace *Balt City*
Name of Medical Attendant, or other Person who makes this return *R. J. N. Tall, M.D.*
Address *152 S. Sharp St.*
Remarks *Delivered by Instrument, Child living and healthy*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

22057
1st
Male
White
Nov. 28th 1877
118 N. Schwedden
Clara Belle Fowler
Brown
Baltimore
Joseph Allen Fowler
Plasterer
Calvert Co. Md.
Loma W. Knight-Mp,
112 N. Greene St.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22055



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 11 1
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth November 25th 1877
4. Place of Birth (Street and Number) No 113 Franklin Street
5. Full Name of Mother Kenneth Jones
6. Mother's Maiden Name Hester
7. Mother's Birthplace Baltimore
8. Full Name of Father William Jones
9. Father's Occupation Engineer
10. Father's Birthplace Ireland
- Name of Medical Attendant, or other Person who makes this return Edige Schmitt
- Address _____
- Remarks 478 Penn Ave

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22059

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Nov. 28th 1877*
4. Place of Birth (Street and Number) *Baltimore, Hansey St. No 122*
5. Full Name of Mother *Catherine Russell*
6. Mother's Maiden Name *Leaton*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *William Russell*
9. Father's Occupation *Store Keeper*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this return *Mrs. C. Mitchell*
- Address *No 122 Parkin st*
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22060

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Nov. 28th 1877

4. Place of Birth (Street and Number)

Baltimore Runway at No. 176

5. Full Name of Mother

Catherine Barrett

6. Mother's Maiden Name

Belk

7. Mother's Birthplace

Baltimore

8. Full Name of Father

John Barrett

9. Father's Occupation

Wagoner

10. Father's Birthplace

Washington

Name of Medical Attendant, or other Person who makes this return

Wm. C. Mitchell

Address

No. 122 Parkers St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22061

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

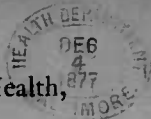


- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *November 28th 1877*
4. Place of Birth (Street and Number) *No 1 Clover alley*
5. Full Name of Mother *Catherine Chambers*
6. Mother's Maiden Name *Catherine Helms*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *A. S. Chambers*
9. Father's Occupation *Barber*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this return *Mrs Jane Wijnberg*
- Address *No 23 N. Liberty St.*
- Remarks

I and my physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race)

3. Date of Birth *November 28th 1877*

4. Place of Birth (Street and Number) *218 Africa Court St.*

5. Full Name of Mother *Lina Ganz*

6. Mother's Maiden Name *" Hempel*

7. Mother's Birthplace *Germany*

8. Full Name of Father *Friedrich Ganz*

9. Father's Occupation *Clerk*

10. Father's Birthplace *City*

Name of Medical Attendant, or other Person who makes this return *Mrs Elizabeth Buschmann*

Address *120 Bank St.*

Remarks

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

13th child
Male

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

28th Nov.

4. Place of Birth (Street and Number)

229 West Pratt St.

5. Full Name of Mother

Mary Hausper.

6. Mother's Maiden Name

Mary Friphelisen

7. Mother's Birthplace

Rimbach, Prussia

8. Full Name of Father

John Hausper

9. Father's Occupation

Wagoner

10. Father's Birthplace

Lamberldoer

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Lindner

Address

415 Maroe St.

Remarks

and any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

22064-

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Male

White

Nov. 28th 1877

422 N. Fremont St.

Mary Ann Francis Smith

Smith

Baltimore City

John Goodfrey Smith

Wholesaler

Baltimore City

A. Christian

431 Pennsylvania

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

22065

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Nov. 28th 1877*
4. Place of Birth (Street and Number) *1 B. W. Terrace*
5. Full Name of Mother *Sophia Carroll*
6. Mother's Maiden Name *Shoemaker*
7. Mother's Birthplace *Balt. Co.*
8. Full Name of Father *Jas. B. Carroll*
9. Father's Occupation *Cropper*
10. Father's Birthplace *Balt. City*
- Name of Medical Attendant, or other Person who makes this Return. *J. B. Christian M.D.*
- Address *431 Penn. Ave.*
- Remarks

THE PHYSICIAN, ACCOUCHER, MIDWIFE, OR OTHER PERSON IN CHARGE, WHO SHALL ATTEND, ASSIST OR ADVISE AT THE BIRTH OF ANY CHILD, WITHIN THE CITY OF BALTIMORE, SHALL REPORT TO THE REGISTRAR AFORESAID, WITHIN SIX DAYS THEREAFTER, STATING DISTINCTLY THE DATE OF BIRTH, SEX, AND COLOR OF THE CHILD OR CHILDREN BORN, ITS OR THEIR PHYSICAL CONDITION, WHETHER STILL BORN OR NOT, THE FULL NAME, NATIVITY, AND RESIDENCE OF THE PARENTS, AND THE MAIDEN NAME OF THE MOTHER OF SUCH CHILD OR CHILDREN.

RETURN OF A BIRTH.

22066

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



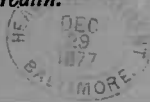
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Nov. 28th 1877*
4. Place of Birth (Street and Number) *163 W. Lombard St. (Maternity)*
5. Full Name of Mother *Mrs. L. Gardner*
6. Mother's Maiden Name *Smith*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Unknown*
9. Father's Occupation *,*
10. Father's Birthplace *,*
- Name of Medical Attendant, or other Person who makes this Return. *D. Wm. Gomibel*
- Address *163 West Lombard St*
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22067

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first*
1. Sex (state whether Male or Female) *Boys*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *28 November*
4. Place of Birth (Street and Number) *6 S. Anthony St.*
5. Full Name of Mother *Lucia Smith*
6. Mother's Maiden Name *Kinnear*
7. Mother's Birthplace *Klatskan*
8. Full Name of Father *Nicholas Kinnear*
9. Father's Occupation *Driver*
10. Father's Birthplace *Klatskan Oregon*
- Name of Medical Attendant, or other Person who makes this Return. *Geo. Leonard*
- Address *Co. Dorchester*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22068

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Coloured
3. Date of Birth 29 Nov 1877
4. Place of Birth (Street and Number) 66 Wyson St
5. Full Name of Mother Satter Taylor
6. Mother's Maiden Name Ridgely
7. Mother's Birthplace Baltimore Md
8. Full Name of Father John R Taylor
9. Father's Occupation Messenger
10. Father's Birthplace Baltimore Md
- Name of Medical Attendant, or other Person who makes this Return. Wm Richard
- Address 87 Mulberry St
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22069



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex (state whether Male or Female) Male.

2. Race or Color (if not of the white race) White.

3. Date of Birth Dec. 22nd 1877.

4. Place of Birth (Street and Number) No 249 Central Ave.

5. Full Name of Mother Barbara Gebold.

6. Mother's Maiden Name Barbara Smidt.

7. Mother's Birthplace Germany.

8. Full Name of Father Christoph. Gebold.

9. Father's Occupation Sailor.

10. Father's Birthplace Germany.

Name of Medical Attendant, or other Person who makes this return Anna Hillegast

Address 182 Monument St.

Remarks

I, as any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *29th of November 1877*
4. Place of Birth (Street and Number) *Port St. 37 Baltimore*
5. Full Name of Mother *Kate Markel*
6. Mother's Maiden Name *Kate Kanner*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *John Markel*
9. Father's Occupation *labor*
10. Father's Birthplace *Baltimore Childs*
- Name of Medical Attendant, or other Person who makes this Return. *Laudia Wiley*
- Address *112 Patom. Park. arney*
- Remarks

That any physician, seconcheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 28 Nov
4. Place of Birth (Street and Number) 61 Hollen St
5. Full Name of Mother Sarah Buchanan
6. Mother's Maiden Name Estep
7. Mother's Birthplace Rockingham County Va
8. Full Name of Father Alex Buchanan
9. Father's Occupation Gainer
10. Father's Birthplace Scotland
- Name of Medical Attendant, or other Person who makes this return Asa J. Apperson
- Address Not far west place
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Also their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this return

Address

Remarks

4
Female

White

29 Nov

No 70 Eastern Ave

Mary Jane Hogan

Hanigan

Baltimore

John Hogan

Labourer

Baltimore

Isabella J. Schirmer

No 7 Forest Place

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22073

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Apr 29th 1871*
4. Place of Birth (Street and Number) *11th 87 Elizabeth Lane*
5. Full Name of Mother *Kate Johnson*
6. Mother's Maiden Name *Kate Andersen*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *John Johnson*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Catherine Helmer*
- Address *11th 106 West 2^d*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22074

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *November the 29 1877*
4. Place of Birth (Street and Number) *No 210 Smith St*
5. Full Name of Mother *Maggie Broad*
6. Mother's Maiden Name *Maggie Heimlich*
7. Mother's Birthplace *Baltimore md*
8. Full Name of Father *Crestian Broad*
9. Father's Occupation *Carpenter*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Hiram Busch*
- Address *No 220 B. Street*
- Remarks

That any duly qualified, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22075

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex (state whether Male or Female) *female*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *November 29th 1877.*
4. Place of Birth (Street and Number) *85 Scott St.*
5. Full Name of Mother *Catharina Hister*
6. Mother's Maiden Name *C. Kloers.*
7. Mother's Birthplace *Hessen Germany*
8. Full Name of Father *Charles Hister*
9. Father's Occupation
10. Father's Birthplace *Hessen Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Sophia Wenzel*
- Address *56 Paul St.*
- Remarks

This may physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22076

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Name of child: Louis Wagoner Gorsuch

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Eleventh

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

3. Date of Birth

Nov 29 1877

4. Place of Birth (Street and Number)

155 N. Wolfe St

5. Full Name of Mother

Ruth L. Gorsuch

6. Mother's Maiden Name

Ruth L. Holden

7. Mother's Birthplace

Baltimore Md.

8. Full Name of Father

Zachariah C. Gorsuch

9. Father's Occupation

Woolender

10. Father's Birthplace

Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return.

Chas. C. Allwell

Address

286 McEuenough St

Remarks

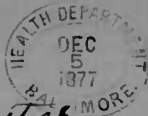


That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22077

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

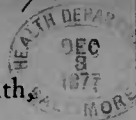


- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *one Child one mother*
1. Sex (state whether Male or Female) *female Child*
2. Race or Color (if not of the white race) *of the Colored race*
3. Date of Birth *Nov the 29-1877*
4. Place of Birth (Street and Number) *McAdams St 227*
5. Full Name of Mother
6. Mother's Maiden Name *Margaret Elagh*
7. Mother's Birthplace *Dorchester County Md*
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace
- Name of Medical Attendant, or other Person who makes this Return. *Louisa Woodford*
- Address *Regester St 130 Baltimore Md*
- Remarks

That any physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2,2078



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Nov 9, 1877*
4. Place of Birth (Street and Number) *248 Montross St*
5. Full Name of Mother *Margaret Reilly*
6. Mother's Maiden Name *Margaret Scarborough*
7. Mother's Birthplace *Virginia*
8. Full Name of Father *John Reilly*
9. Father's Occupation *Blackman*
10. Father's Birthplace *New York*
- Name of Medical Attendant, or other Person who makes this return *Theodore C. C. M.D.*
- Address
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

13th child
Female

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)..

3. Date of Birth

Nov 24 1877

4. Place of Birth (Street and Number)

No. 176 West St.

5. Full Name of Mother

Margareth Steinbeck

6. Mother's Maiden Name

Sherrill

7. Mother's Birthplace

Germany

8. Full Name of Father

George Steinbeck

9. Father's Occupation

Piano maker

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this return

J. Schaeffer midwife

Address

215 West St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22080



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8. d.*
1. Sex (state whether Male or Female) *Female.*
2. Race or Color (if not of the white race)
3. Date of Birth *November 29th 1877.*
4. Place of Birth (Street and Number) *Chester Street. m*
5. Full Name of Mother *Mary James Legg.*
6. Mother's Maiden Name *Mary Meanly.*
7. Mother's Birthplace *Richmond, Va.*
8. Full Name of Father *Robert C. Soumelle.*
9. Father's Occupation *Farmer.*
10. Father's Birthplace *Richmond, Va.*
- Name of Medical Attendant, or other Person who makes this return *Dorothea Brune.*
- Address *114 Battery St.*
- Remarks

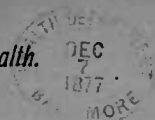
That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22081

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Dec 9th 1877
4. Place of Birth (Street and Number) 534 West Maryland St
5. Full Name of Mother Caroline Beck
6. Mother's Maiden Name Caroline Heising
7. Mother's Birthplace Kydenhofen Germany
8. Full Name of Father Frederick Beck
9. Father's Occupation Bookbinder
10. Father's Birthplace Germany
Name of Medical Attendant, or other Person who makes this Return. Eliza Sullivan
Address No 815 West Lombard St
Remarks Living Well.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22082



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *November 29th 1877*
4. Place of Birth (Street and Number) *No 11 Ostend Street*
5. Full Name of Mother *Maria Volz*
6. Mother's Maiden Name *" Resner*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Herrmann Volz*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this return *Catharina Nieme*
- Address *74 Leadenhall Street*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22083

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Female
White
Nov 29 1877
No 9 Kennerly St
Josephine Rusk
Josephine Carter
City
William Rusk
Mechanic
Indiana
Elizabeth M
17 Hammon

Think any physician, accoucheur, midwife, or other person in charge, who shall attend, and advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 220814

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First (1st)*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Mulatto*
3. Date of Birth *November 29. 79.*
4. Place of Birth (Street and Number) *37 Oxford St.*
5. Full Name of Mother *Louie Dean Gomonaries*
6. Mother's Maiden Name *Dean*
7. Mother's Birthplace *Lynchburg Va*
8. Full Name of Father *Louis McEabrown*
9. Father's Occupation *349 Lexington St*
10. Father's Birthplace
- Name of Medical Attendant, or other Person who makes this Return. *Louis McEabrown*
- Address *349 Lexington St*
- Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22085



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd Child

1. Sex (state whether ~~Male~~ or Female)

2. Race or Color (if not of the white race) *White*

3. Date of Birth *November 30 1877*

4. Place of Birth (Street and Number) *N. Spangham St. No. 82.*

5. Full Name of Mother *Fredericke Viall*

6. Mother's Maiden Name *Fredericke Mai*

7. Mother's Birthplace *Baltimore City*

8. Full Name of Father *Moses Viall*

9. Father's Occupation *Yeast Manufacturer*

10. Father's Birthplace *Eberschutz. W. Prussia. Guman*

Name of Medical Attendant, or other Person who makes this return

Mary E. Muller

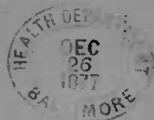
Address *N. Dallas St. No. 26.*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex (state whether Male or Female)

female

2. Race or Color (if not of the white race)

white

3. Date of Birth

Nov 30th 1877.

4. Place of Birth (Street and Number)

22 Linden Avenue

5. Full Name of Mother

Margaretta Apel

6. Mother's Maiden Name

W. Forster

7. Mother's Birthplace

Bavarian

8. Full Name of Father

John Apel

9. Father's Occupation

Shoemaker

10. Father's Birthplace

Bavarian

Name of Medical Attendant, or other Person who makes this Return.

Sophia Wenzel
36 Pearl St.

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22887

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) _____

3. Date of Birth 30 Nov. 1877

4. Place of Birth (Street and Number) 13 Baltimore

5. Full Name of Mother Laura Melius

6. Mother's Maiden Name Mrs

7. Mother's Birthplace Germany

8. Full Name of Father Anton Melius

9. Father's Occupation Placemist

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this return Sarah Cooper

Address 528 Green Land

Remarks _____

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22088



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) _____
3. Date of Birth *30 Nov. 1877*
4. Place of Birth (Street and Number) *63 Lombard St.*
5. Full Name of Mother *Sophia Gerstner*
6. Mother's Maiden Name *Bilestein*
7. Mother's Birthplace *U. States*
8. Full Name of Father *Louis Gerstner*
9. Father's Occupation *Confectioner*
10. Father's Birthplace *U. States*
- Name of Medical Attendant, or other Person who makes this return *Sam'l Casper*
- Address *323 E. Lombard St.*
- Remarks _____

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH.

22089

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*
 1. Sex (state whether Male or Female) *Female*
 2. Race or Color (if not of the white race) *White*
 3. Date of Birth *Apr 30th 1877*
 4. Place of Birth (Street and Number) *No 456 Light St*
 5. Full Name of Mother *Kate Hoffman*
 6. Mother's Maiden Name *Kate Werner*
 7. Mother's Birthplace *Baltimore*
 8. Full Name of Father *John Hoffman Hoffman*
 9. Father's Occupation *Laborer*
 10. Father's Birthplace *Baltimore*
 Name of Medical Attendant, or other Person who makes this Return. *Catherine Werner*
 Address *No 106 West St*
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *one child one mother*
1. Sex (state whether Male or Female) *female Child*
2. Race or Color (if not of the white race) *Colored race*
3. Date of Birth *Nov the 30-1877*
4. Place of Birth (Street and Number) *Malikin St 123 Baltimore*
5. Full Name of Mother *Elizabeth Walter*
6. Mother's Maiden Name *Elizabeth Walter*
7. Mother's Birthplace *Baltimore Md*
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace
- Name of Medical Attendant, or other Person who makes this Return. *Lucinda Waulford*
- Address *Register St 130 Baltimore Md*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

22091



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d in Baltimore*
1. Sex (state whether Male or Female) *Baltimore*
2. Race or Color (if not of the white race) *it is white*
3. Date of Birth *30d November 1877*
4. Place of Birth (Street and Number) *Baltimore about 3124*
5. Full Name of Mother *Bury Novak*
6. Mother's Maiden Name *Rushak*
7. Mother's Birthplace *Karoves*
8. Full Name of Father *Josiah Rushak*
9. Father's Occupation *Canner*
10. Father's Birthplace *Karoves*
- Name of Medical Attendant, or other Person who makes this Return. *Mary A. Duntish*
- Address *No 67 West 1st St*
- Remarks *Baltimore Md*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the data of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

22093
BIRTH GE
DEC
1877
ORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

9th
Female
White
Nov. 30th 1877
227 Lexington St.
Harnel O. Anzmann
See more
Balto. City
Anthony Anzmann
Merchant
Balto. City
Louis W. Knight M.D.
112 N. Greene St

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22093



To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this return

Address

Remarks

4th
Female
White
Nov 30th 1877
G. Henry St
Mary L. Simpkins
Mary L. Mullins
New Jersey
J. R. Simpkins
Glasgow, Pa
New Jersey
Theodore Cook

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22094



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

3. Date of Birth

November 30th 1877

4. Place of Birth (Street and Number)

#39 E Fayette St

5. Full Name of Mother

Rosa Cashmeyer

6. Mother's Maiden Name

Viesman

7. Mother's Birthplace

City

8. Full Name of Father

Mrs. Cashmeyer

9. Father's Occupation

House Carpenter

10. Father's Birthplace

City

Name of Medical Attendant, or other Person who makes this return

Mrs Elizabeth Buschman

Address

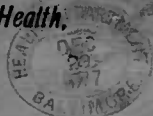
120 Broad St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 22096

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

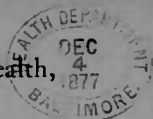


- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th
1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) _____
3. Date of Birth 30th Nov. 97
4. Place of Birth (Street and Number) Lexington St. 292
5. Full Name of Mother Amelia Caroline Cohn
6. Mother's Maiden Name Holt
7. Mother's Birthplace Baltimore
8. Full Name of Father Moritz G. Cohn
9. Father's Occupation Insurance Agent
10. Father's Birthplace Breslau (Prussia)
- Name of Medical Attendant, or other Person who makes this Return. _____
- Address _____
- Remarks _____

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22098



To the Office of Registrar of Vital Statistics, Board of Health,

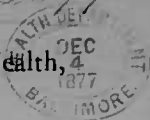
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *Dec 1st 1877*
4. Place of Birth (Street and Number) *No 16 N. Chapel str*
5. Full Name of Mother *Elizabeth Fleckenstein*
6. Mother's Maiden Name *" Arch*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Andreas Fleckenstein*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this return *Elizabeth Buschman*
- Address *120 Bank str*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22098
22099



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th 5th

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

3. Date of Birth

Dec 1st 1877

4. Place of Birth (Street and Number)

16 370 Light St.

5. Full Name of Mother

Helena Gaudin Miller

6. Mother's Maiden Name

Peters

7. Mother's Birthplace

Germany

8. Full Name of Father

Henry Gaudin Miller

9. Father's Occupation

Cigar maker

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this return

J. Schaeffer midwife

Address

213 East St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No 2211.

RETURN OF A BIRTH.

22/00

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 56

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) white

3. Date of Birth Dec. 1. 1877

4. Place of Birth (Street and Number) S. Schappell St. No 26.

5. Full Name of Mother Elisabeth Margareti

6. Mother's Maiden Name Brockmann

7. Mother's Birthplace Braunschweig Hanover

8. Full Name of Father Herrmann Margareti

9. Father's Occupation Talar

10. Father's Birthplace Hennrichen Oettingen

Name of Medical Attendant, or other Person who makes this return Mr. Johann Braupach

Address Youth Wolf's Tr. No 28

Remarks live

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23101



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 1 December
4. Place of Birth (Street and Number) No 11 Gay Street
5. Full Name of Mother Garnett Mangel
6. Mother's Maiden Name Lawson
7. Mother's Birthplace Germing
8. Full Name of Father Samuel Mangel
9. Father's Occupation Lawyer
10. Father's Birthplace Germing
- Name of Medical Attendant, or other Person who makes this return Sophia Simon
- Address No 70 Kearney Street
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22102

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

colored

3. Date of Birth 1st December 1877

4. Place of Birth (Street and Number) No 26 Edward st.

5. Full Name of Mother Agnes Madie

6. Mother's Maiden Name Agnes Hall

7. Mother's Birthplace Adamsford Co.

8. Full Name of Father Daniel Madie

9. Father's Occupation Mechanic

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mary Ann Gault

Address

No 181 No Central Av

Remarks

healthy

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22103

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

10th
Male

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

The 1st of December
No. 30 Knox Alley
Elizabeth Doering
Gasman

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

Christian Doering
Shoe Maker
Germany

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Mrs Sebach 439
M Pratt
St

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, the or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22,104

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First*
 1. Sex (state whether Male or Female) *Female*
 2. Race or Color (if not of the white race)
 3. Date of Birth *December 12/1877*
 4. Place of Birth (Street and Number) *154 Mc Eldeny St.*
 5. Full Name of Mother *Olevia Thomas*
 6. Mother's Maiden Name *Olevia Hays*
 7. Mother's Birthplace *Balto*
 8. Full Name of Father *John P Thomas*
 9. Father's Occupation *Shoemaker*
 10. Father's Birthplace *Balto*
 Name of Medical Attendant, or other Person who makes this Return. *Wm L Howell*
 Address *1029 Acquith St*
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22005

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 12th
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Black
3. Date of Birth Dec. 1st 1877
4. Place of Birth (Street and Number) No. 30. Seabury - 4th
5. Full Name of Mother Catherine Johnson
6. Mother's Maiden Name Rice
7. Mother's Birthplace Anna Arnold cr Md
8. Full Name of Father John H. Johnson
9. Father's Occupation Laborer
10. Father's Birthplace Anna Arnold cr Md
- Name of Medical Attendant, or other Person who makes this Return. Heretford Shultz
- Address No. 11, 15, Arlington Ave
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

22106

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth Dec 1st 1877
4. Place of Birth (Street and Number) No 50 Chestnut St
5. Full Name of Mother Ann E. Brown
6. Mother's Maiden Name Ann Eliza Jones
7. Mother's Birthplace Eastern Shore - Maryland
8. Full Name of Father John Brown
9. Father's Occupation Drayman
10. Father's Birthplace Baltic City
- Name of Medical Attendant, or other Person who makes this Return, Wm D. Smith M.D.
- Address 87 Franklin St.
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Dec. 1st*
4. Place of Birth (Street and Number) *213 Washington St*
5. Full Name of Mother *Johanni Fresman*
6. Mother's Maiden Name *Westfahl*
7. Mother's Birthplace *Germany*
8. Full Name of Father *John Fresman*
9. Father's Occupation *Sailor*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Mr. Goetzke*
- Address *No 55 S. Bond St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22008

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Aug 1st*

4. Place of Birth (Street and Number) *No. 46 S. Bond St*

5. Full Name of Mother *Mary Darnavan*

6. Mother's Maiden Name *Billin*

7. Mother's Birthplace *London England*

8. Full Name of Father *James Darnavan*

9. Father's Occupation *Laborer*

10. Father's Birthplace *Ireland*

Name of Medical Attendant, or other Person who makes this Return.

Mr Goetzke
No. 58 S. Bond St

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH. 22109

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth December 1st 1877
4. Place of Birth (Street and Number) 88 Mosler St
5. Full Name of Mother Florence Mann
6. Mother's Maiden Name " Gray
7. Mother's Birthplace Baltimore
8. Full Name of Father Jacob Mann
9. Father's Occupation Clork
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Johnis Hawatt M.D.
- Address 93 Mosler St
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22110

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 child
1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) African race
3. Date of Birth Dec. 1st 1877
4. Place of Birth (Street and Number) Baltimore St 14 21
5. Full Name of Mother Louisa Shaffer
6. Mother's Maiden Name " Reed
7. Mother's Birthplace Baltimore Md
8. Full Name of Father August Shaffer
9. Father's Occupation Store Keeper
10. Father's Birthplace Baltimore Md
- Name of Medical Attendant, or other Person who makes this return Wm Reed M.D.
- Address 48 Rollins St
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22111

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1
Female

1. Sex (state whether Male, or Female)

White

2. Race or Color (if not of the white race)

3. Date of Birth

Decem 1 1877

4. Place of Birth (Street and Number)

111 So Chester St

5. Full Name of Mother

Elen

F C P

6. Mother's Maiden Name

Elen

F C Petrick

7. Mother's Birthplace

Baltimore

8. Full Name of Father

John

9. Father's Occupation

Liford Wheel Whisker

10. Father's Birthplace

Liford

Name of Medical Attendant, or other Person who makes this Return.

Wm E Hay

Address

193 So Chester

Remarks

Healthy

Record of Births to be kept in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22112

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 Child
1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) colored
3. Date of Birth 1 of Dec 1877
4. Place of Birth (Street and Number) 67 Russell
5. Full Name of Mother Lucy Smith
6. Mother's Maiden Name Lucy Rice
7. Mother's Birthplace Northumberland Co. Va.
8. Full Name of Father Benjamin Smith
9. Father's Occupation Labourer
10. Father's Birthplace Norfolk Va.
- Name of Medical Attendant, or other Person who makes this Return. Lucy Sidney
- Address _____
- Remarks _____

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22113

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth Dec 1st 1877 Madeira
4. Place of Birth (Street and Number) Between Eastern Ave & Park St
5. Full Name of Mother Maggie Martha Bartell
6. Mother's Maiden Name " Gammett
7. Mother's Birthplace Germany
8. Full Name of Father George C. Bartell
9. Father's Occupation Laborer
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this return Mrs. Elizabeth Bushman
- Address 120 Park St.
- Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3^d

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

3. Date of Birth

Dec 1

4. Place of Birth (Street and Number)

140 N Schroder St.

5. Full Name of Mother

Elizabeth Eubank

6. Mother's Maiden Name

Kavanaugh

7. Mother's Birthplace

Balt.

8. Full Name of Father

John Eubank

9. Father's Occupation

Shoe maker

10. Father's Birthplace

Balt.

Name of Medical Attendant, or other Person who makes this Return.

A. M. Wilson

Address

257 Mad. Ave.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22115

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th Child.*
1. Sex (state whether Male or Female) *Female.*
2. Race or Color (if not of the white race) *White.*
3. Date of Birth *Dec. 2nd*
4. Place of Birth (Street and Number) *No. 26 Fredrick Avenue.*
5. Full Name of Mother *Mary Clarke.*
6. Mother's Maiden Name *Mary Koonen.*
7. Mother's Birthplace *Brokida. Ireland.*
8. Full Name of Father *Francis Clarke.*
9. Father's Occupation *Shoe maker.*
10. Father's Birthplace *Co. Cavan. Ireland.*
Name of Medical Attendant, or other Person who makes this Return. *Mrs. Lintner.*
Address *No. 45 Monroe street.*
Remarks

RETURN OF A BIRTH.

22116

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c)

First

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

Colored

3. Date of Birth

Dec 2nd 1877

4. Place of Birth (Street and Number)

112 St Mary's St

5. Full Name of Mother

Emily Thomas

6. Mother's Maiden Name

Emily Ashby

7. Mother's Birthplace

Virginia

8. Full Name of Father

Henry Thomas

9. Father's Occupation

Driver

10. Father's Birthplace

Harford Co. Md

Name of Medical Attendant, or other Person who makes this Return.

Dr. J. P. Perkins

Address

172 Franklin St

Remarks

[Handwritten signature]

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22117

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4 child*
1. Sex (state whether Male or Female) *male*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *December 2 1877*
4. Place of Birth (Street and Number) *69 Central Ave*
5. Full Name of Mother *Rebekah Castle*
6. Mother's Maiden Name *Rebekah Delaney*
7. Mother's Birthplace *Baltimore City*
8. Full Name of Father *James Castle*
9. Father's Occupation *laborer*
10. Father's Birthplace *Ireland*
- Name of Medical Attendant, or other Person who makes this Return. *Rachel Ann Garrett*
- Address *433 Alicea St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22118

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

white

3. Date of Birth

Dec. 2. 1877

4. Place of Birth (Street and Number)

U. Schappellstr. No. 13.

5. Full Name of Mother

Bertha Waldhauser

6. Mother's Maiden Name

Lark

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Sebastian Waldhauser

9. Father's Occupation

Laborman

10. Father's Birthplace

Leit. Bremen

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Johannes Brauer

Address

South Wolfstr. No. 28

Remarks

W. Impe

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22119

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

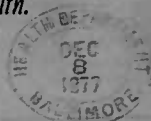


- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *one Child one mother*
1. Sex (state whether Male or Female) *male*
2. Race or Color (if not of the white race) *Colored race*
3. Date of Birth *Dec the 2. 11. 77*
4. Place of Birth (Street and Number) *Smithers St 178*
5. Full Name of Mother *Susan Lee*
6. Mother's Maiden Name *Susan Hogster*
7. Mother's Birthplace *Dorchester County Md*
8. Full Name of Father *William Lee*
9. Father's Occupation *Wagoner*
10. Father's Birthplace *Dorchester Co Md*
- Name of Medical Attendant, or other Person who makes this Return. *Lurinda Woolford*
- Address *Regessler St 130 Baltimore*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

12th
Male

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

Sunday DEC 2^d 1877

4. Place of Birth (Street and Number)

No 5 Penn st

5. Full Name of Mother

Caroline Dofsky

6. Mother's Maiden Name

Caroline

Barman

7. Mother's Birthplace

Hart

Wattheim

Germany

8. Full Name of Father

Theodore Dofsky

9. Father's Occupation

Commission

Merchant

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

M^{rs} Suback

Address

439

Remarks

at birth

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

December 2nd 1877

4. Place of Birth (Street and Number)

No 5 Bruce Alley

5. Full Name of Mother

Catharina Scher

6. Mother's Maiden Name

" " Kuhn

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Nicklaus Kuhn

9. Father's Occupation

Laborer

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this return

Theresia Eigeltinger

Address

No 14 Union Street

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8* ^{*♂*}
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *December 11th 2^d 1877*
4. Place of Birth (Street and Number) *No. 151 Canton ave*
5. Full Name of Mother *Charlotte Fortman*
6. Mother's Maiden Name *" " Mohr*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Leonhard Fortman*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this return *Frederika Kaufman*
- Address *178 Eastern ave*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22123



To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... *Sixth*
1. Sex (state whether Male or Female).... *male*
2. Race or Color (if not of the white race) *white*
3. Date of Birth... *Dec 2nd / 1877*
4. Place of Birth (Street and Number) *Cornth Nilesth St Front St*
5. Full Name of Mother *Jane Booth*
6. Mother's Maiden Name *McCarthy*
7. Mother's Birthplace *Ireland*
8. Full Name of Father *George Booth*
9. Father's Occupation... *Driver*
10. Father's Birthplace *Ireland*
- Name of Medical Attendant, or other Person who makes this Return... *Saml. J. Baltard,*
- Address... *136. 1/2 E. 4th St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22124

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Dec 2nd. 12:50 A.M. 1877

4. Place of Birth (Street and Number) 23 N. Washington St.

5. Full Name of Mother: Mary Elizabeth Keys

6. Mother's Maiden Name L. E. Laws

7. Mother's Birthplace Balt. City

8. Full Name of Father Wm. Charles Keys

9. Father's Occupation Drap. Merchant

10. Father's Birthplace Eastern Shore Md.

Name of Medical Attendant, or other Person who makes this Return James E. Dwinelle M.D.

Address 299 E. Baltimore St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22123

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Decr. 2^d / 77
4. Place of Birth (Street and Number) Dryham st. N. near corner near Allie Anne st.
5. Full Name of Mother Elizabeth Leibert
6. Mother's Maiden Name " Kicker
7. Mother's Birthplace Germany
8. Full Name of Father Jacob Leibert
9. Father's Occupation Sailor
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Johanna Schmitz
- Address Md. Ave. St.
- Remarks 320 Allie Anne st.

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c) *Seventh child*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *Colored*

3. Date of Birth *December 2*

4. Place of Birth (Street and Number) *106 York Street*

5. Full Name of Mother *Liza Mason*

6. Mother's Maiden Name *Eliza Hall* ~~*Baltimore John E. Mason*~~

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *John Esriel Mason*

9. Father's Occupation *Walker*

10. Father's Birthplace *Calbot county*

Name of Medical Attendant, or other Person who makes this Return. *Emily Hugh*

Address *284. Hamburg. street*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22127

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... *first*
1. Sex (state whether Male or Female)... *Boie*
2. Race or Color (if not of the white race)... *White*
3. Date of Birth... *2 December*
4. Place of Birth (Street and Number)... *43 Columbia St*
5. Full Name of Mother... *M. Decker*
6. Mother's Maiden Name... *" Perina*
7. Mother's Birthplace... *Radzykow*
8. Full Name of Father... *John Perina*
9. Father's Occupation... *Sailor*
10. Father's Birthplace... *Janowitz*
- Name of Medical Attendant, or other Person who makes this Return.... *J. Howard*
- Address... *20 Barron St*
- Remarks

That any physician, acoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22128



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Dec. 2nd 1877*
4. Place of Birth (Street and Number) *1037 1/2 Eager St.*
5. Full Name of Mother *Mary A. Sheehy*
6. Mother's Maiden Name *Mary A. Nebrank*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Henry Nebrank*
9. Father's Occupation *Cabinet Maker*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this return *John H. Heston*
- Address *182 Maryland St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

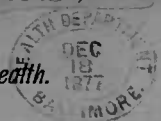
To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth December 2d
4. Place of Birth (Street and Number) 512 Light Street
5. Full Name of Mother Caroline Spracner
6. Mother's Maiden Name " Grimmer
7. Mother's Birthplace Germany
8. Full Name of Father Fre. William Spracner
9. Father's Occupation Shoemaker
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Mrs. M. H. Green
- Address No. 32. Light Street
- Remarks

RETURN OF A BIRTH.

22130



To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Child of Mother (state whether 1st, 2d, 3d, &c.)

3d

(state whether Male or Female)

female

or Color (if not of the white race)

colored

of Birth

December the 2d

Place of Birth (Street and Number)

Sarahans St. no 95

Name of Mother

Fanny Johnson

Mother's Maiden Name

Fanny Hobbs

Mother's Birthplace

West river

Name of Father

George Johnson

Father's Occupation

Logroom Man

Father's Birthplace

West river

Name of Medical Attendant, or other Person who makes this Return.

Mary Jane Richardson

Address

213 Dover St

Remarks

pleased to see me for not reporting do not
was attending to other patients and it slipped memory

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrars aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22131

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

3. Date of Birth

Dec. 2

4. Place of Birth (Street and Number)

Myrtle Ave
Allie Stouffer
Walker

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

Fudk Co.
D. V. Stouffer
Merchant

9. Father's Occupation

10. Father's Birthplace

Fudk Co.

Name of Medical Attendant, or other Person who makes this Return.

H. M. Wilson

Address

257 Mad. Ave

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d.*
1. Sex (state whether Male or Female) *Female.*
2. Race or Color (if not of the white race)
3. Date of Birth *Dec 3rd 1877*
4. Place of Birth (Street and Number) *Battery St. No 88.*
5. Full Name of Mother *Lena Getzinger*
6. Mother's Maiden Name *Lena Ulrich*
7. Mother's Birthplace *Baltimore M.d.*
8. Full Name of Father *John W. Getzinger*
9. Father's Occupation *Clerk.*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this return *Dorothea Brand*
- Address *114 Battery St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

22133

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 30th December 1877
4. Place of Birth (Street and Number) 34 Thomas St
5. Full Name of Mother Mary Ann Boken
6. Mother's Maiden Name Mary Ann Keene
7. Mother's Birthplace Baltimore
8. Full Name of Father Frederick Boken
9. Father's Occupation Laborer
10. Father's Birthplace Balto.

Name of Medical Attendant, or other Person who makes this Return.

Mrs. A. Schully

Address No. 174 Orleans

Remarks Very healthy

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH.

22134

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~)

1. Sex (~~state whether Male or Female~~)

2. Race or Color (~~if not of the white race~~)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

December 3rd 1877.
Thos. J. Biddell, Dr. Chas. Sts.
Louisa. Brug.
Louisa. Dugeman.
Germany.
George Brug.
Hornbrook.
Germany.
John. D. Bager, M.D.
City.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22135

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 3 December
4. Place of Birth (Street and Number) 58 Lombard Street
5. Full Name of Mother Kathleen Reed
6. Mother's Maiden Name Frederick
7. Mother's Birthplace Baltimore
8. Full Name of Father John Reed
9. Father's Occupation Sailor
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this return Sophia Simon
- Address 4070 Monday Street
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 22/36

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Dec. 2nd 1877

4. Place of Birth (Street and Number) 189 Scott St

5. Full Name of Mother Mary E. Egan

6. Mother's Maiden Name Wood

7. Mother's Birthplace City

8. Full Name of Father Samuel E. Egan

9. Father's Occupation Carpenter

10. Father's Birthplace City

Name of Medical Attendant, or other Person who makes this Return. Horatio St. Shultz

Address 11 S. Lexington Ave & City

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22137

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Child*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *Dec 3d 1877*
4. Place of Birth (Street and Number) *No 87 Durham St*
5. Full Name of Mother *Rachel Rowie*
6. Mother's Maiden Name *Rachel Hammon*
7. Mother's Birthplace *Baltimore M.D*
8. Full Name of Father *Thomas Rowie*
9. Father's Occupation *laborer*
10. Father's Birthplace *Baltimore M.D*
- Name of Medical Attendant, or other Person who makes this Return. *Susan Morgan*
- Address *No. 87 North Durham St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

one
Male

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)...

White

3. Date of Birth

December 3rd

4. Place of Birth (Street and Number)

4 Ramsay street

5. Full Name of Mother

Louisa Lucus

6. Mother's Maiden Name

Louisa Goodman

7. Mother's Birthplace

224 Dover St Baltimore

8. Full Name of Father

Fredrick Lucus

9. Father's Occupation

Shoe Maker

10. Father's Birthplace

England

Name of Medical Attendant, or other Person who makes this Return.

W^r Suback 439 W Pratt St

Address

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22139

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



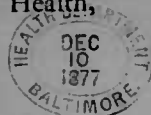
- No. of Child of Mother (state whether 1st, 2d, 3d, &c) *3 child*
1. Sex (state whether Male or Female) *Girl Colored*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *Dec 3rd 1877*
4. Place of Birth (Street and Number) - *No 15 Pine St -*
5. Full Name of Mother *Harriet Parker*
6. Mother's Maiden Name *Harriet Lewis*
7. Mother's Birthplace *Annapolis Co.*
8. Full Name of Father *Wesley Lewis*
9. Father's Occupation *Coal yard*
10. Father's Birthplace *Annapolis Co.*
- Name of Medical Attendant, or other Person who makes this Return. *Frances Granby*
- Address *Larch and St - J*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22140

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) colored

3. Date of Birth December 3 1877

4. Place of Birth (Street and Number) 153 South caroline st

5. Full Name of Mother Della Hill

6. Mother's Maiden Name Della nicholas

7. Mother's Birthplace Bristol England

8. Full Name of Father George Hill

9. Father's Occupation Merchant of vessel

10. Father's Birthplace richmond virginia

Name of Medical Attendant, or other Person who makes this return

Address Mary corner 153 Choptank st

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22141



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2^d
- Sex (state whether Male or Female) Female
- Race or Color (if not of the white race) White
- Date of Birth December 3rd 1877
- Place of Birth (Street and Number) corner Babcock & Portland St
- Full Name of Mother Margaretha Schmith
- Mother's Maiden Name " Mäntz
- Mother's Birthplace Baltimore
- Full Name of Father Johannes Schmith
- Father's Occupation Horse Shoer
- Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this return Catharina Münch
- Address 74 Leadenhall Street
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22142

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

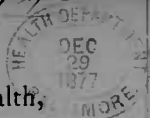


- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *second*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race)
3. Date of Birth *Dec 3. 1877*
4. Place of Birth (Street and Number) *44 Jackson Square Avenue*
5. Full Name of Mother *Mary A. Johnson*
6. Mother's Maiden Name *Mary A. Horton*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Chas. A. Johnson*
9. Father's Occupation *Coal Dealer*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this return *Mary A. Allwell*
- Address *286 Mc Donough St*
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2,2143



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th child*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *December 3d 1877*
4. Place of Birth (Street and Number) *Central av 39*
5. Full Name of Mother *Mary Ebert*
6. Mother's Maiden Name *" Hanna*
7. Mother's Birthplace *Balto Md*
8. Full Name of Father *Joseph Ebert*
9. Father's Occupation *Musician*
10. Father's Birthplace *Balto Md*
- Name of Medical Attendant, or other Person who makes this return *Mrs R. Welch*
- Address *48 Hollanot st*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22144

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st.

1. Sex (state whether Male or Female)

Female,

2. Race or Color (if not of the white race)

3. Date of Birth

Dec. 3rd. 1877

4. Place of Birth (Street and Number)

27 Courtland St.

5. Full Name of Mother

Sallie C. Lynch

6. Mother's Maiden Name

"Balt." Dec.

7. Mother's Birthplace

B. L. Lynch,

8. Full Name of Father

Col. J. P. Lynch,

9. Father's Occupation

Balt. Md.

10. Father's Birthplace

B. L. Lynch & Co.

Name of Medical Attendant, or other Person who makes this Return.

J. G. Rice & Co.

Address

Balt. Wash. St.

Remarks

Natural,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) White race

3. Date of Birth December 3^d 1877

4. Place of Birth (Street and Number) Belair St. # 336

5. Full Name of Mother Katherine Winimbeck

6. Mother's Maiden Name " Klemmfelder

7. Mother's Birthplace Bavaria Europe

8. Full Name of Father George Winimbeck

9. Father's Occupation W. H. dealer

10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this return Wm Rose M D

Address 48 Hollands St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2214-6

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

3. Date of Birth

Dec 3rd 1877

4. Place of Birth (Street and Number)

113 Reg'dles

5. Full Name of Mother

Marguerite Reinick

6. Mother's Maiden Name

" Deager

7. Mother's Birthplace

City

8. Full Name of Father

Peter Reinick

9. Father's Occupation

Tailor

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this return

Mrs Elizabeth Buschmann

Address

120 Bank St

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22147

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *Dec. 3 1877*
4. Place of Birth (Street and Number) *54 N. Washington St*
5. Full Name of Mother *Mary Anne Ginkler*
6. Mother's Maiden Name *Mary Anne Emmert*
7. Mother's Birthplace *Balt. Md.*
8. Full Name of Father *John N. Ginkler*
9. Father's Occupation *Cigar Maker*
10. Father's Birthplace *Balt. Md.*
- Name of Medical Attendant, or other Person who makes this return *Mary A. Allwell*
- Address *286 McClellan St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2214-8

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Dec. 3rd

4. Place of Birth (Street and Number)

92 Dorsey St.

5. Full Name of Mother

Margaret Post

6. Mother's Maiden Name

Veidheiser

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Ernest Post

9. Father's Occupation

Cigar maker

10. Father's Birthplace

Hennsdorff-Adams

Name of Medical Attendant, or other Person who makes this return

Henry G. G. G.

Address

228 E. Baltimore St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, paternity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22149



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Dec. 3d.
4. Place of Birth (Street and Number) No. 70. Iceland St.
5. Full Name of Mother Catharine R. Kaiser
6. Mother's Maiden Name Shepley
7. Mother's Birthplace Hessendammstadt
8. Full Name of Father Henry Kaiser
9. Father's Occupation Sabotier
10. Father's Birthplace Hessendammstadt
- Name of Medical Attendant, or other Person who makes this return Mary Groh
- Address 328 J. B. Street
- Remarks

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *8th*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race)

3. Date of Birth *Dec 4. 1877*

4. Place of Birth (Street and Number) *21 N. Wolfe St.*

5. Full Name of Mother *Barbara Kimmel*

6. Mother's Maiden Name *Doctormann*

7. Mother's Birthplace *Bavaria*

8. Full Name of Father *George Kimmel*

9. Father's Occupation *Tailor*

10. Father's Birthplace *Bavaria*

Name of Medical Attendant, or other Person who makes this Report *Albert Lyman M.D. & L.H.*

Address *375 E. Baltimore St.*

Remarks

RETURN OF A BIRTH.

22151

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd child*
 1. Sex (state whether Male or Female) *Female* *Minnie S. Gummator*
 2. Race or Color (if not of the white race) *White*
 3. Date of Birth *December 4th 1877*
 4. Place of Birth (Street and Number) *Baltimore 40 East Baltimore Street*
 5. Full Name of Mother *Martha Senior Gummator*
 6. Mother's Maiden Name *" " Mungahayd*
 7. Mother's Birthplace *Baltimore*
 8. Full Name of Father *George H. Gummator*
 9. Father's Occupation *Restaurateur*
 10. Father's Birthplace *Richmond*
 Name of Medical Attendant, or other Person who makes this return *Lumber Mfg Co. Baltimore*
 Address *Relig's name* *Mining's* *Seymour* *Gummator*
 Remarks *N 26 E. Second Street*
Baltimore

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

92152

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First Child*
 1. Sex (state whether Male or Female) *Male*
 2. Race or Color (if not of the white race) *Caucasian - White*
 3. Date of Birth *Tuesday at 4 P. M. Dec 4, 1877.*
 4. Place of Birth (Street and Number) *43 Harrison St. Baltimore*
 5. Full Name of Mother *Mary Kirchner*
 6. Mother's Maiden Name *Mary Meißler*
 7. Mother's Birthplace *Stuttgart, Germany*
 8. Full Name of Father *Robert Kirchner*
 9. Father's Occupation *Tailor*
 10. Father's Birthplace *Jena, Germany*
 Name of Medical Attendant, or other Person who makes this return *Carbarn Day & Son*
 Address *N. 26. N. Spring St.*
 Remarks *Baltimore*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether *N*, *S*, *Ad*, &c.) *3^d*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *December 4th '77*
4. Place of Birth (Street and Number) *112 Argus St - h*
5. Full Name of Mother *Katie Gender*
6. Mother's Maiden Name *Wheat*
7. Mother's Birthplace *Balt.*
8. Full Name of Father *G. Charles Gender*
9. Father's Occupation *Packer, Fruits, Oysters, &c*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this return *Wm. Morris M.D.*
- Address
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born; its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

92154

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *one*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *Dec 4th*
4. Place of Birth (Street and Number) *118 Salisbury St*
5. Full Name of Mother *Karolina Bogdanitzky*
6. Mother's Maiden Name *same*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Fredrich Bogdanitzky*
9. Father's Occupation *Taylor*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Kate Seibach 439 W. Pratt St.*
- Address
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (~~date of birth~~ 1st, 2d, 3d, &c.)

1. Sex (~~state whether Male or Female~~)
2. Race or Color (~~if not of the white race~~)
3. Date of Birth
4. Place of Birth (Street and Number)
5. Full Name of Mother
6. Mother's Maiden Name
7. Mother's Birthplace
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Received 4th July
538 W. Lombard St.
Charlotte Gray
Charlotte Humphries,
Baltimore City.
John E. Gray
Engineer
John S. R. Meyer, M.D.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

The 5th
Male healthy

white

born on the 4th of Dec. 1877

No. 201 Frederick Av.

Kate Hausman

K. Weissig

born in Bavaria Germany

Charles Hausman

Booker

born in Bavaria Germany

Miss Miller

No. 57 Smallwood St.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22157

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *Caucasian*

3. Date of Birth *Dec 4th 1872*

4. Place of Birth (Street and Number) *No 5 Duncan Alley*

5. Full Name of Mother *Mary Baker*

6. Mother's Maiden Name

7. Mother's Birthplace *Eastern Shore*

8. Full Name of Father *James Baker*

9. Father's Occupation *Labourer*

10. Father's Birthplace *New Orleans*

Name of Medical Attendant, or other Person who makes this Return *Mrs Gause Seaton*

Address *No 111 South Dallas St*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

22/58 RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

December 4th

4. Place of Birth (Street and Number)

163 W. Lombard St. (Maternity)

5. Full Name of Mother

Caroline Harman

6. Mother's Maiden Name

"Balto"

7. Mother's Birthplace

Balto

8. Full Name of Father

Unknown

9. Father's Occupation

"

10. Father's Birthplace

"

Name of Medical Attendant, or other Person who makes this Return.

D. Wm. Gombel

Address

163 W. Lombard St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22159

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First Child*

1. Sex (state whether Male or Female) *Ch. Boy*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *4th December 1877*

4. Place of Birth (Street and Number) *72 North Chappel St*

5. Full Name of Mother *Maggie Engel*

6. Mother's Maiden Name *Maggie Eisner*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *Georg Fisher*

9. Father's Occupation *Labourman*

10. Father's Birthplace *Germany*

Name of Medical Attendant, or other Person who makes this return *Greenia Kunkel*

Address *72 North Chappel St* *John Kunkel*

Remarks *Ch. Delivered*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22160



To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *December 4th 1877*
4. Place of Birth (Street and Number) *311 W. Pratt*
5. Full Name of Mother *Betty Hayman*
6. Mother's Maiden Name *Kronheimer*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Leopold Hayman*
9. Father's Occupation *Tobacconist*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Louis W. Knight M.D.*
- Address *112 N. Greene St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22161

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *Tuesday December 4th 1877*
4. Place of Birth (Street and Number) *235 Hamburg St*
5. Full Name of Mother *Matilda A. Trumbo*
6. Mother's Maiden Name *Matilda A. Day*
7. Mother's Birthplace *Baltimore City Md.*
8. Full Name of Father *Andrew J. Trumbo*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Baltimore City Md.*
- Name of Medical Attendant, or other Person who makes this return *William M. Mott*
- Address *74 Lombard St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race)
3. Date of Birth *Tues Day Dec. 4th 1877*
4. Place of Birth (Street and Number) *No. 9. Warner St.*
5. Full Name of Mother *L. H. Zewangor*
6. Mother's Maiden Name *L. H. Brown*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Jno. Zewangor*
9. Father's Occupation *Druggist*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Mr. Sumner*
- Address *60 Shore St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22163

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Eleventh

1. Sex (state whether Male or Female)

Male
White

2. Race or Color (if not of the white race)

3. Date of Birth

Dec 4th 1877

4. Place of Birth (Street and Number)

136 German St

5. Full Name of Mother

Elizabeth Moorehead

6. Mother's Maiden Name

Levin

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Wm H Moorehead

9. Father's Occupation

Salesman

10. Father's Birthplace

Waynesborough Penna

Name of Medical Attendant, or other Person who makes this Return.

Colias Leitch M.D.

Address

267 Madison St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Full Blood

3. Date of Birth the 4th day of Nov 1877

4. Place of Birth (Street and Number) 39 Green St

5. Full Name of Mother Ellen Elizabeth Barber

6. Mother's Maiden Name Barber

7. Mother's Birthplace Baltimore City

8. Full Name of Father John Barber

9. Father's Occupation carriage maker

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Charles H. Smith

Address 10 Green St

Remarks Birth of child

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22165



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Dec 4th*

4. Place of Birth (Street and Number) *456 Cross st*

5. Full Name of Mother *Sarah Black*

6. Mother's Maiden Name *Wright*

7. Mother's Birthplace *Hessendamm street*

8. Full Name of Father *Daniel Black*

9. Father's Occupation *Produce merchant*

10. Father's Birthplace *Karlsruhe*

Name of Medical Attendant, or other Person who makes this return *Mary Koch*

Address *325 E. Enoch*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

3276



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8^d
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Dec. 4th
4. Place of Birth (Street and Number) 332 Hanover st
5. Full Name of Mother Elizabeth Kulak
6. Mother's Maiden Name Potomac
7. Mother's Birthplace Prussia
8. Full Name of Father Louis Kulak
9. Father's Occupation Cigar maker
10. Father's Birthplace Sachsen
- Name of Medical Attendant, or other Person who makes this return Marye Grob
- Address 638 S. Euphrasie st
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22764

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether Male or Female) Male Female
2. Race or Color (if not of the white race) Color
3. Date of Birth December 5
4. Place of Birth (Street and Number) 100 Rakorg Street
5. Full Name of Mother Margaret Gordon
6. Mother's Maiden Name Margaret Shields
7. Mother's Birthplace Glampton Va
8. Full Name of Father Washington Johnston
9. Father's Occupation coachman
10. Father's Birthplace Glampton Va
- Name of Medical Attendant, or other Person who makes this Return. Mrs Elden Stouts
- Address 42 Sharp Street
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22168

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Dec 5th 1917*
4. Place of Birth (Street and Number) *205 S. Fremont*
5. Full Name of Mother *Mrs. E. G. Franklin*
6. Mother's Maiden Name *Mrs. E. G. Gray*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Prof. Franklin*
9. Father's Occupation *Professor*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this return *Theodore C. C. C.*
- Address
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *the 1st*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *born on the 5 of Dec. 1877*
4. Place of Birth (Street and Number) *123 Calverton Road*
5. Full Name of Mother *Maggie Winkler*
6. Mother's Maiden Name *M. Alt*
7. Mother's Birthplace *born in Westat Germany*
8. Full Name of Father *John Winkler*
9. Father's Occupation *Cooper*
10. Father's Birthplace *born in Bavaria Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Miss Miller*
- Address *1257 Smallwood St.*
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th child*
 1. Sex (state whether Male or Female) *Male*
 2. Race or Color (if not of the white race)
 3. Date of Birth *Dec 5th 1877*
 4. Place of Birth (Street and Number) *No 362 Homers st.*
 5. Full Name of Mother *Louise Diering*
 6. Mother's Maiden Name *Bush*
 7. Mother's Birthplace *America*
 8. Full Name of Father *Kerry Diering*
 9. Father's Occupation *Police Officer*
 10. Father's Birthplace *America*
 Name of Medical Attendant, or other Person who makes this return *J. Schaeffer midwife*
 Address *213 Cross st.*
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

6th Child

Female

White

Dec^r 5th 1877

307 E. Pratt St.

Anna Gordon

Anna M^cConne

Baltimore

Wm. E. Gordon.

Clerk.

Baltimore

Geo. Powell M.D.

Dr. Carroll

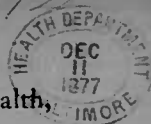
Child Healthy.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8^d*
 1. Sex (state whether Male or Female) *Female*
 2. Race or Color (if not of the white race) *White*
 3. Date of Birth *December 5th 1877*
 4. Place of Birth (Street and Number) *No 23 Union Street*
 5. Full Name of Mother *Elizabeth Kramer*
 6. Mother's Maiden Name *" " Beyer*
 7. Mother's Birthplace *Germany*
 8. Full Name of Father *John Kramer*
 9. Father's Occupation *Printer*
 10. Father's Birthplace *Germany*
 Name of Medical Attendant, or other Person who makes this return *Theresa Engel Dinger*
 Address *No 14 Union Street*
 Remarks

That any physician, in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, natively, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Dec 5th 78*
4. Place of Birth (Street and Number) *131 N Charles*
5. Full Name of Mother *Laura P. Kneass*
6. Mother's Maiden Name *Laura T. Pennington*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Wm Kneass*
9. Father's Occupation *Physician*
10. Father's Birthplace *Philadelphia*
- Name of Medical Attendant, or other Person who makes this Return. *Wm Kneass M.D.*
- Address *131 N Charles*
- Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

221781

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Dec. 5. 77*

4. Place of Birth (Street and Number) *124 Fort Ave*

5. Full Name of Mother *Annice A. Watts*

6. Mother's Maiden Name *Clasky*

7. Mother's Birthplace *Maryland*

8. Full Name of Father *Geo. R. Watts*

9. Father's Occupation *Engineer (Locomotive)*

10. Father's Birthplace *Maryland*

Name of Medical Attendant, or other Person who makes this Return.

L. W. Eastman

Address

349 Ave

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22175

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



1. Na. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1 d*
2. Sex (state whether Male or Female) *Female*
3. Race or Color (if not of the white race) *white*
4. Date of Birth *December 5 1877*
5. Place of Birth (Street and Number) *Hearford St*
6. Full Name of Mother *Candi Flammann*
7. Mother's Maiden Name *Carai Gunther*
8. Mother's Birthplace *Baltimore Con.*
9. Full Name of Father *F. L. Flammann*
10. Father's Occupation *Butcher*
11. Father's Birthplace *Baltimore Con.*
12. Name of Medical Attendant, or other Person who makes this Return. *M. R. Rudiger*
13. Address *134 S. Bond Street*
14. Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22176

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd Child*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *December 5th*
4. Place of Birth (Street and Number) *Montgomery Street 306*
5. Full Name of Mother *Emma Chamber*
6. Mother's Maiden Name *Emma Turlington*
7. Mother's Birthplace *Acomac County Va.*
8. Full Name of Father *Frank Chamber*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Acomac County Va.*
- Name of Medical Attendant, or other Person who makes this Return. *Elizabeth Scarborough*
- Address *No 220 Montgomery Street*
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *second*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *5 December*
4. Place of Birth (Street and Number) *10 North St.*
5. Full Name of Mother *Mrs. Kellal*
6. Mother's Maiden Name *Price*
7. Mother's Birthplace *Lakeview, Columbia*
8. Full Name of Father *John Kellal*
9. Father's Occupation *Labourer*
10. Father's Birthplace *Lakeview*
- Name of Medical Attendant, or other Person who makes this Return. *J. Howard*
- Address *20 Barnes St.*
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22175

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Fifth*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) _____
3. Date of Birth *December 5th 1877*
4. Place of Birth (Street and Number) *352 Franklin St.*
5. Full Name of Mother *Mary Elizabeth Sprague*
6. Mother's Maiden Name *Mary Elizabeth Higgins*
7. Mother's Birthplace *Baltimore City Md*
8. Full Name of Father *Levi M. Sprague*
9. Father's Occupation *Pilot*
10. Father's Birthplace *Baltimore City Md*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. A. T. Bellamy*
- Address *306 Madison Avenue*
- Remarks _____

That any physician, nurse, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22179

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th.

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White (Caucasian)

3. Date of Birth

December 5th. 1877

4. Place of Birth (Street and Number)

Central Ave, South of John St.

5. Full Name of Mother

Mary Eleanor Simmons

6. Mother's Maiden Name

" " Widdow

7. Mother's Birthplace

Baltimore Md.

8. Full Name of Father

Lewis William Richard Simmonds

9. Father's Occupation

Clerk

10. Father's Birthplace

Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return.

Eldridge C. Price M.D.

Address

262 Madison Ave.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race)

3. Date of Birth *5th of December.*

4. Place of Birth (Street and Number) *323 Cathedral St.*

5. Full Name of Mother *Mary Ann Gallagher*

6. Mother's Maiden Name *Welch*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *Patrick Gallagher*

9. Father's Occupation *Laborer*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Charlotte Crosby*

Address *369 Cathedral St.*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22181

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Dec. 5th 1877

4. Place of Birth (Street and Number) Baltimore Parkers at No. 42

5. Full Name of Mother Ellen M. C. Kewen

6. Mother's Maiden Name Ryan

7. Mother's Birthplace Ireland

8. Full Name of Father Michael M. Kewen

9. Father's Occupation Brick Layer

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this return Mrs. G. Mitchell

Address No. 122 Parkers at

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22782

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Dec 6

4. Place of Birth (Street and Number) Cor Mulligan and Bethel

5. Full Name of Mother Margaret Mc Henry

6. Mother's Maiden Name O'Brien

7. Mother's Birthplace Ireland

8. Full Name of Father Daniel Mc Henry

9. Father's Occupation Store Keeper

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this return Isabella J. Chrissner

Address No 7 Forrest Place

Remarks

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22183

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth Dec 6th 1877
4. Place of Birth (Street and Number) No 79 Clarke's Court
5. Full Name of Mother Mallie Watson
6. Mother's Maiden Name Mallie Watson
7. Mother's Birthplace Richmond Va
8. Full Name of Father John Watson
9. Father's Occupation Carpenter
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Ellen Stubbs
- Address No 42 Sharp street
- Remarks

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22184

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Colored
3. Date of Birth 6 Dec
4. Place of Birth (Street and Number) Howard St 321
5. Full Name of Mother Adriana Gross
6. Mother's Maiden Name Stewart
7. Mother's Birthplace Baltimore
8. Full Name of Father Edward Stewart
9. Father's Occupation Teacher
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. John Stewart
- Address 314 Howard St.
- Remarks Delivered with Easiness.

HEALTH

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22185

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 6th December 1877
4. Place of Birth (Street and Number) No 64 Chesor St.
5. Full Name of Mother Aurora Luerman
6. Mother's Maiden Name Aurora Büncke
7. Mother's Birthplace Hannover
8. Full Name of Father Chas A. Luerman
9. Father's Occupation Liquor Dealer
10. Father's Birthplace Hannover
- Name of Medical Attendant, or other Person who makes this Return. Mary Ann Ratts
- Address No 181 N. Central Av
- Remarks Healthy

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29186

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) _____
3. Date of Birth Dec. 6 '77
4. Place of Birth (Street and Number) 49 Marion St
5. Full Name of Mother Katie Rockel
6. Mother's Maiden Name " Jantz
7. Mother's Birthplace Baltimore
8. Full Name of Father Geo A Rockel
9. Father's Occupation White & Colours
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this return John Morris M.D.
- Address _____
- Remarks _____

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH.

22187



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First Child*
1. Sex (state whether Male or Female) *♂ Boy*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *6th December 1877*
4. Place of Birth (Street and Number) *10 West Fairmount St*
5. Full Name of Mother *Maggie Erpel*
6. Mother's Maiden Name *Maggie Petersen*
7. Mother's Birthplace *Baltimore county*
8. Full Name of Father *Carl Petersen*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Germany Baltimore*
- Name of Medical Attendant, or other Person who makes this return *Greenfield*
- Address *10 West Fairmount St*
- Remarks *See above*

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, the or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~)

1. Sex (~~state whether Male or Female~~)

2. Race or Color (~~if not of the white race~~)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Rec'd 6th
417 S. of Baltimore St.
Emma J. Holtz
" Baltimore City.
Samuel J. Holtz
" Mechanic
John R. Meyer M.D.
" " " " " City

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22189

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *third ch*
1. Sex (state whether Male or Female) *W*
2. Race or Color (if not of the white race) *W*
3. Date of Birth *Sept 6 1877*
4. Place of Birth (Street and Number) *N York*
5. Full Name of Mother *Margaret Beckenbough*
6. Mother's Maiden Name *May L Henry*
7. Mother's Birthplace *Balk New*
8. Full Name of Father *W Beckenbough*
9. Father's Occupation *clerk*
10. Father's Birthplace *N York*
- Name of Medical Attendant, or other Person who makes this Return. *J H. Harrison*
- Address *27 Franklin "*
- Remarks

That any physician, accouchieur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

299/90

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Dec 6th 12:30 P.M. 1877
4. Place of Birth (Street and Number) 388 E. Lombard St.
5. Full Name of Mother Julia Digney
6. Mother's Maiden Name Julia Reed
7. Mother's Birthplace England
8. Full Name of Father John Thomas Digney
9. Father's Occupation Black. Driver
10. Father's Birthplace Balt. City
- Name of Medical Attendant, or other Person who makes this Return. James E. Donnell M.D.
- Address 299 E. Baltimore Street
- Remarks

Correct Record of Vital Statistics of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*
1. Sex (state whether Male or Female)
2. Race or Color (if not of the white race) *White*
3. Date of Birth *December the 6. 1877*
4. Place of Birth (Street and Number) *E. Lombard St No 288.*
5. Full Name of Mother *Julie Dickmans*
6. Mother's Maiden Name *Julie Lee*
7. Mother's Birthplace *Frederick County, V. Gr. Prussianian. Europa*
8. Full Name of Father *John. Dickmans*
9. Father's Occupation *Labor.*
10. Father's Birthplace *Baltimore City*
- Name of Medical Attendant, or other Person who makes this Return *Mar. E. Muller*
- Address *N. Dallas St. No 26.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22192

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2^d

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Dec 6 1877

4. Place of Birth (Street and Number)

Canton on W. 449

5. Full Name of Mother

Barbara Geisler

6. Mother's Maiden Name

" Joiner

7. Mother's Birthplace

Germany

8. Full Name of Father

Conrad Geisler

9. Father's Occupation

Labourer

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return

Johanna Schutte

Address

Remarks

Midwife

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report, to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born; its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22193

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 child

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) White

3. Date of Birth December 6 1877

4. Place of Birth (Street and Number) Aquitha St N 465

5. Full Name of Mother Katherine Brown

6. Mother's Maiden Name " Moulton

7. Mother's Birthplace Balto Md

8. Full Name of Father Wm B Brown

9. Father's Occupation Taylor

10. Father's Birthplace Bavaria Europe

Name of Medical Attendant, or other Person who makes this return Mrs R Kelly

Address 48 Holland St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *56*
 1. Sex (state whether Male or Female) *female*
 2. Race or Color (if not of the white race) *white*
 3. Date of Birth *Dec. 6. 1877*
 4. Place of Birth (Street and Number) *South Wootton str No 38*
 5. Full Name of Mother *Barbara Potzer*
 6. Mother's Maiden Name *Enos*
 7. Mother's Birthplace *Baltimore*
 8. Full Name of Father *Frank Potzer*
 9. Father's Occupation *Teacher*
 10. Father's Birthplace *Baltimore*
 Name of Medical Attendant, or other Person who makes this Return. *Mrs. Johanna Braupach*
 Address *South Wootton str No 28*
 Remarks *Widow*

Correct Record of Vital Statistics of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22195



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex (state whether Male or Female) *male*

2. Race or Color (if not of the white race).

3. Date of Birth *Dec 6th 1877*

4. Place of Birth (Street and Number) *Equal Str*

5. Full Name of Mother *Mrs. Ringstone*

6. Mother's Maiden Name *Mrs. Byrle*

7. Mother's Birthplace *U. States*

8. Full Name of Father *J. W. Ringstone*

9. Father's Occupation *Labourer*

10. Father's Birthplace *United States*

Name of Medical Attendant, or other Person who makes this return *Swab Cooper*

Address *32 E Lombard Str*

Remarks

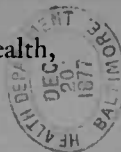
Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residences of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22196

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Dec. 6th 1877*

4. Place of Birth (Street and Number) *Cy 14 David Hill Ave.*

5. Full Name of Mother *Sarah Greenbaum.*

6. Mother's Maiden Name *Sarah Carmel.*

7. Mother's Birthplace *Poland.*

8. Full Name of Father *Isaac Greenbaum.*

9. Father's Occupation *Merchant Sailor.*

10. Father's Birthplace *Poland.*

Name of Medical Attendant, or other Person who makes this return

Address *No 132 Monument St.*

Remarks

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22197

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth Child
Male

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

White

3. Date of Birth

December 6. 1877

4. Place of Birth (Street and Number)

122 Hudson Street

5. Full Name of Mother

Sarah Smith

6. Mother's Maiden Name

Sarah Deniv

7. Mother's Birthplace

New York

8. Full Name of Father

William H. Smith

9. Father's Occupation

Police Officer

10. Father's Birthplace

Camden Del

Name of Medical Attendant, or other Person who makes this Return

Lousia Wiley

Address

Parsan P. arnew

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fifth Child.*
 1. Sex (state whether Male or Female) *Male.*
 2. Race or Color (if not of the white race) *White.*
 3. Date of Birth *December 6. 1877.*
 4. Place of Birth (Street and Number) *51 Barb. Street*
 5. Full Name of Mother *Elizabeth Menzt*
 6. Mother's Maiden Name *Elizabeth Miller.*
 7. Mother's Birthplace *Germania*
 8. Full Name of Father *William Menzt.*
 9. Father's Occupation *Seabor.*
 10. Father's Birthplace *Germania.*
 Name of Medical Attendant, or other Person who makes this Return. *Louisa Wiley.*
 Address *Patton Park. arnew.*
 Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22199



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

1877

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *this is the 1.*
1. Sex (state whether Male or Female) *it is a boy child*
2. Race or Color (if not of the white race) *Colored.*
3. Date of Birth *December 6 1877.*
4. Place of Birth (Street and Number) *186 West St.*
5. Full Name of Mother
6. Mother's Maiden Name *Harriet Robinson*
7. Mother's Birthplace *St Marys Co.*
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace
- Name of Medical Attendant, or other Person who makes this Return. *Millie Gross.*
- Address *181 York St*
- Remarks

Further Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

22206

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *7th*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *Negro*
3. Date of Birth *Dec. 7th 1877*
4. Place of Birth (Street and Number) *No. 50 Sarah Ann St.*
5. Full Name of Mother *Mary T. Bell*
6. Mother's Maiden Name *Mary Burk*
7. Mother's Birthplace *Washington D.C.*
8. Full Name of Father *Emmanuel Bell*
9. Father's Occupation *Waiter*
10. Father's Birthplace *Washington D.C.*
Name of Medical Attendant, or other Person who makes this Return. *H. B. Gardner M.D.*
Address *No. 120 W. Green St.*
Remarks *City.*

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22201

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Dec 7
4. Place of Birth (Street and Number) 56 Preston St
5. Full Name of Mother Ellen McEntee
6. Mother's Maiden Name Donahue
7. Mother's Birthplace Cork Ireland
8. Full Name of Father Patrick McEntee
9. Father's Occupation Labourer
10. Father's Birthplace Ireland
- Name of Medical Attendant, or other Person who makes this return Isabella H. Harrison
- Address No 7 Forrest Place
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *Free & colored*

3. Date of Birth *Dec 7*

4. Place of Birth (Street and Number) *No 6 St James St*

5. Full Name of Mother *Josephine Butler*

6. Mother's Maiden Name *Rounds*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *John Butler*

9. Father's Occupation *Green Measure*

10. Father's Birthplace *Wesundel County*

Name of Medical Attendant, or other Person who makes this return *Wesley T. Blair*

Address *No 7 Forrest Place*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29203

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*
1. Sex (state whether Male or Female) *Boy*
2. Race or Color (if not of the white race) *Caucasian*
3. Date of Birth *Dec 7th 1877*
4. Place of Birth (Street and Number) *No 45 Burgundy*
5. Full Name of Mother *Henrietta Catherine Bailey*
6. Mother's Maiden Name
7. Mother's Birthplace *Baltimore Md*
8. Full Name of Father *Edward Bailey*
9. Father's Occupation *Teacher*
10. Father's Birthplace *Accomac County, Va*
- Name of Medical Attendant, or other Person who makes this return *Deborah Thomas*
- Address *No Burgundy*
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3^d Child*
 1. Sex (state whether Male or Female) *Male*
 2. Race or Color (if not of the white race) *White*
 3. Date of Birth *Dec^r 7th 1877*
 4. Place of Birth (Street and Number) *113 Carrollton Ave.*
 5. Full Name of Mother *C. Carrie Dorman.*
 6. Mother's Maiden Name *C. Carrie Peterson*
 7. Mother's Birthplace *Balto.*
 8. Full Name of Father *J. F. W. Dorman.*
 9. Father's Occupation *Stencil Cutter.*
 10. Father's Birthplace *Warsaw - Ky.*
 Name of Medical Attendant, or other Person who makes this Return. *John F. Powell M.D.*
 Address *1224 Carrollton Ave.*
 Remarks *Child Healthy -*

222017

RETURN OF A BIRTH.

22205

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Shirley H. 11th*

Sex (state whether Male or Female) *male.*

Race or Color (if not of the white race)

Date of Birth *December 7th 1876*

Place of Birth (Street and Number) *Fremont Hotel, Camden Street*

Full Name of Mother *Georgiana Conway*

Mother's Maiden Name

Mother's Birthplace

Full Name of Father *Francis A. Conway*

Father's Occupation *House Carpenter & Joiner*

Father's Birthplace

Name of Medical Attendant, or other Person who makes this return *J. H. Jackson, M.D.*

Address *76 South Street, Balt.*

Remarks *The foetus taken at full term*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



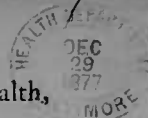
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
 1. Sex (state whether Male or Female) *Female*
 2. Race or Color (if not of the white race) *White*
 3. Date of Birth *December 4th 1877*
 4. Place of Birth (Street and Number) *No 168 Eastern av.*
 5. Full Name of Mother *Anna Sommer*
 6. Mother's Maiden Name *" " Hummel*
 7. Mother's Birthplace *Baltimore*
 8. Full Name of Father *August Sommer*
 9. Father's Occupation *Box maker*
 10. Father's Birthplace *Baltimore*
 Name of Medical Attendant, or other Person who makes this return *Fredericka Kaufman*
 Address *178 Eastern av.*
 Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3 child*
 1. Sex (state whether Male or Female) *male*
 2. Race or Color (if not of the white race) *White*
 3. Date of Birth *December 7th 1877*
 4. Place of Birth (Street and Number) *Lombard St. No. 308*
 5. Full Name of Mother *Haggie Shueh*
 6. Mother's Maiden Name *Ello*
 7. Mother's Birthplace *Balto Md.*
 8. Full Name of Father *William Shueh*
 9. Father's Occupation *Trimmer*
 10. Father's Birthplace *Baden Europe*
 Name of Medical Attendant, or other Person who makes this return *Mrs Rose Uley*
 Address *45 Hollands St.*
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. He or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

22205

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth December 7th 1877.
4. Place of Birth (Street and Number) Orleans str. 48.
5. Full Name of Mother Sarah Rosenberg
6. Mother's Maiden Name " Lensenske
7. Mother's Birthplace Poland
8. Full Name of Father Elias Rosenberg
9. Father's Occupation Pecker
10. Father's Birthplace Poland
- Name of Medical Attendant, or other Person who makes this Return. Mrs. C. Bernstein
- Address 113. E. Lombard str.
- Remarks _____

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

female
white

2. Race or Color (if not of the white race)

3. Date of Birth

Dec. 7 1877

4. Place of Birth (Street and Number)

Hampster str No. 86

5. Full Name of Mother

Friedrick Polmlein
Prude

6. Mother's Maiden Name

7. Mother's Birthplace

Dassel Hannover

8. Full Name of Father

Andreas Polmlein

9. Father's Occupation

Locksmith

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Johann Praeger

Address

South Wolf str 28

Remarks

Widow

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22210

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *7th child*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Caucasian*
3. Date of Birth *Dec. 2nd*
4. Place of Birth (Street and Number) *43 Pine Street*
5. Full Name of Mother *Mary Beattie*
6. Mother's Maiden Name *Mary Williamson*
7. Mother's Birthplace *Dundick, York Co. Md.*
8. Full Name of Father *Hamilton Beattie*
9. Father's Occupation *Master*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *John W. Baker*
- Address *180 S. Egleston St.*
- Remarks *Baltimore*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22279

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother; (state whether 1st, 2d, 3d, &c.)

first Child
A Girl

1. Sex (state whether Male or Female)....

2. Race or Color (if not of the white race)

White

3. Date of Birth

7th December 1877

4. Place of Birth (Street and Number)

No. 180 King street

5. Full Name of Mother

Mary Ellen Gruenl

6. Mother's Maiden Name

Mary Ellen Ahearn.

7. Mother's Birthplace

Richmond Va.

8. Full Name of Father

John A. Gruenl

9. Father's Occupation

A. Laborer.

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who make this Return.

Mrs. Kate Zabark

Address

No. Pratt street.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name nativity, and residence of the parents, and the maiden name of the mother of such child or children.

22212

alth. HEALTH DEPARTMENT
DEC 17 1877
BALTIMORE.

1. 21.

Male

nesso

Lincoln Ave. Jan 1877

20th Richmond City

Margaret Smith

Marjaret Hill

24, 1888

Richard Smith

Another

2. Luttery. 2. 2. 1.

Chelonia Testudo

5-1. In Carbonate Lt.

Balkeore

Procl

That any physician, accouchieur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22213

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3 Three

1. Sex (state whether Male or Female)

female

2. Race or Color (if not of the white race)

white

3. Date of Birth

Dec 7th 1877

4. Place of Birth (Street and Number)

Deeps St 313

5. Full Name of Mother

Anna Pernal

6. Mother's Maiden Name

Anne Dickson

7. Mother's Birthplace

Blumfield Ohio

8. Full Name of Father

Albert Dickson

9. Father's Occupation

Chapler

10. Father's Birthplace

Maryland

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Catherine Seebach

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22214-

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *Dec 7th 1877*
4. Place of Birth (Street and Number) *No 2 Choptank St*
5. Full Name of Mother *Kunigunda Lassner*
6. Mother's Maiden Name *Smith*
7. Mother's Birthplace *City*
8. Full Name of Father *John Lassner*
9. Father's Occupation *Butcher*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this return *Mrs Elizabeth Bastian*
- Address *120 Bank St*
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22215

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8^d.*
1. Sex (state whether Male or Female). *Female.*
2. Race or Color (if not of the white race) *white.*
3. Date of Birth *1. 7. Decr. 1877.*
4. Place of Birth (Street and Number) *Baltimore Bond St. 244.*
5. Full Name of Mother *Emma de-Bear*
6. Mother's Maiden Name *Cohn.*
7. Mother's Birthplace *Hamburg.*
8. Full Name of Father *Jacob de-Bear.*
9. Father's Occupation *Ref. maid.*
10. Father's Birthplace *Holland.*
- Name of Medical Attendant, or other Person who makes this Return. *Anna Timmer.*
- Address *Bond St. 263.*
- Remarks

Direct instructions of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, apothecary, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22216

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd child*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race)

3. Date of Birth *Dec 8th 1877*

4. Place of Birth (Street and Number) *16 241 Sharp st.*

5. Full Name of Mother *Margaret Fick*

6. Mother's Maiden Name *Seckl*

7. Mother's Birthplace *Germany*

8. Full Name of Father *Heinrich Fick*

9. Father's Occupation *Cropper*

10. Father's Birthplace *Germany*

Name of Medical Attendant, or other Person who makes this return *J. Schweser midwife*

Address *213 Cross st.*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22217

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2 child*
1. Sex (state whether Male or Female) *male*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *december 8. 1877*
4. Place of Birth (Street and Number) *72 rose st*
5. Full Name of Mother *Josephine berry*
6. Mother's Maiden Name *Josephine webb*
7. Mother's Birthplace *Baltimore city*
8. Full Name of Father *William H berry*
9. Father's Occupation *laborer*
10. Father's Birthplace *Baltimore co*
- Name of Medical Attendant, or other Person who makes this Return. *Rachel Ann Garrett*
- Address *133 Calverton st*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22218

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th Child*

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race) *White*

3. Date of Birth *December 8, 1877*

4. Place of Birth (Street and Number) *N. Dallas St. No. 37.*

5. Full Name of Mother *Anna E. Epsteinstein*

6. Mother's Maiden Name *Anna E. Wendel.*

7. Mother's Birthplace *Heinebach, Pr. Prussia, Germany*

8. Full Name of Father *Adolph A. Epsteinstein*

9. Father's Occupation *Taylor*

10. Father's Birthplace *Pritz, Pr. Prussia, Germany*

Name of Medical Attendant, or other Person who makes this return *Mary E. Muller*

Address *N. Dallas St. No. 26.*

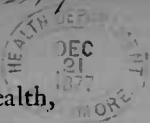
Remarks

Return Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22219



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this return

Address

Remarks

Sixth
Male
White
Dec 8th 1877
178 of Chapel Str.
M. H. Ulrich
Mrs. Neumann
Germany
John Ulrich
Driver
Germany
Mrs. Mary E. Ulrich
203 Washington
St

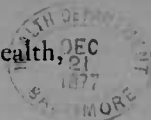
That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22220

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2^d.

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Dec 8 1877

4. Place of Birth (Street and Number)

N 161 Washington St.

5. Full Name of Mother

Ely Powell McGinnis

6. Mother's Maiden Name

Ely Powell

7. Mother's Birthplace

Baltimore

8. Full Name of Father

St. C. McGinnis

9. Father's Occupation

Laborer

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this return

Mrs Mary E. James

Address

N 203 Washington St.

Remarks

1877

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22221

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c) *13*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *Color*
3. Date of Birth *9 December*
4. Place of Birth (Street and Number) *63 Perry St.*
5. Full Name of Mother *Sarah Brown*
6. Mother's Maiden Name *Johnson*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *John Brown*
9. Father's Occupation *Laborer*
10. Father's Birthplace *America*
- Name of Medical Attendant, or other Person who make this Return. *Allen E. Rodman*
- Address *109 Conway St*
- Remarks *None*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

12222

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 child
 1. Sex (state whether Male or Female) female
 2. Race or Color (if not of the white race) White race
 3. Date of Birth November 5th 1877
 4. Place of Birth (Street and Number) Central ave. 1165
 5. Full Name of Mother Annie Sheffield
 6. Mother's Maiden Name " Black
 7. Mother's Birthplace Bavaria Germany
 8. Full Name of Father William Sheffield
 9. Father's Occupation Carpenter
 10. Father's Birthplace Prussia Europe
 Name of Medical Attendant, or other Person who makes this return Mrs R. M. Kelley
 Address 48 Holliday St.
 Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22223

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *December 8 d*
4. Place of Birth (Street and Number) *S. Fulton St No 33.*
5. Full Name of Mother *Anna ~~Franka~~ Francisca Wiegand*
6. Mother's Maiden Name *Anna. Francisca. Seewald*
7. Mother's Birthplace *Bamberg, Baiern*
8. Full Name of Father *Peter Wiegand*
9. Father's Occupation *Farmer Wagon.*
10. Father's Birthplace *Hessen.*
- Name of Medical Attendant, or other Person who makes this Return. *Anna Seewald 45 Monroe St*
- Address *Peter Wiegand No 33. S. Fulton St*
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22224

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth 10 Dec

4. Place of Birth (Street and Number) 65 Barnes St

5. Full Name of Mother Martina Busch

6. Mother's Maiden Name Capps

7. Mother's Birthplace Baltimore

8. Full Name of Father George Busch

9. Father's Occupation Painter

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this return Isabella J. Schipper

Address No 8 Forest Place

Remarks

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

222247

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3
Female
White

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

December 8 1877

4. Place of Birth (Street and Number)

Rockes Street Coast Point

5. Full Name of Mother

Emma Pagnon

6. Mother's Maiden Name

Emma King

7. Mother's Birthplace

Coast Point, Baltimore

8. Full Name of Father

Charley King

9. Father's Occupation

Labor

10. Father's Birthplace

Pondy State of New York

Name of Medical Attendant, or other Person who makes this Return.

Address

Margret E. Hill

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

White
March 8th 1879
3 East St.
Annie North
1. Jane
Baltimore
James North
Shoe Manufacturer
Baltimore
J. L. S. S. S.
879 Franklin St.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22226

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..

Fourth

1. Sex (state whether Male or Female) ..

Male

2. Race or Color (if not of the white race) ..

3. Date of Birth ..

Dec 8. 1877

4. Place of Birth (Street and Number) ..

55 N. Bond St

5. Full Name of Mother ..

Clara Speight

6. Mother's Maiden Name ..

Clara Walters

7. Mother's Birthplace ..

Ba 10.

8. Full Name of Father ..

Thomas J. Speight

9. Father's Occupation ..

Upholsterer

10. Father's Birthplace ..

Ba 10. Md

Name of Medical Attendant, or other Person who makes this return ..

Mary A. Howell

Address ..

286 Mthorough St

Remarks ..

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Perish

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

3. Date of Birth

Dec 14 1877

4. Place of Birth (Street and Number)

127 S. Washington St

5. Full Name of Mother

Kate Kenny

6. Mother's Maiden Name

Kate Neff

7. Mother's Birthplace

Balt. M.D.

8. Full Name of Father

Oliver Kenny

9. Father's Occupation

Steward

10. Father's Birthplace

Delaware

Name of Medical Attendant, or other Person who makes this return

Harry et Alwell

Address

286 N. Kenaph St

Remarks

Vertical Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22228

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 9th December 1877
4. Place of Birth (Street and Number) Etna Lane No. 5
5. Full Name of Mother Mrs Mary Chatter
6. Mother's Maiden Name Mary Chatter
7. Mother's Birthplace Europe
8. Full Name of Father Mr William Chatter
9. Father's Occupation Cabinet Maker
10. Father's Birthplace Europe
- Name of Medical Attendant, or other Person who makes this return Dr. Charles Hays B. Johnson
- Address No 26 N. Lindbergh St
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22229



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

10th

1. Sex (state whether Male or Female)

male

2. Race or Color (if not of the white race)

3. Date of Birth

Dec 9th 1877

4. Place of Birth (Street and Number)

30 President St

5. Full Name of Mother

Friedricha Blomeyer

6. Mother's Maiden Name

Friedricha Miller

7. Mother's Birthplace

Germany

8. Full Name of Father

Ernst Blomeyer

9. Father's Occupation

Laborer

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this return

Dr. J. H. Lapham

Address

52 E. Lombard St

Remarks

That any physician, accouchear, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22230

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Dec 8th 1877

4. Place of Birth. (Street and Number)

Hollins St 88

5. Full Name of Mother

Ellen Ryan

6. Mother's Maiden Name

Ellen Cadogan

7. Mother's Birthplace

Ireland

8. Full Name of Father

Henry Lacy Ryan

9. Father's Occupation

Plaster

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address

Miss Dunder O. Stroh

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22431

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Dec. 8th 1877.*
4. Place of Birth (Street and Number) *401 Arcadia Alley.*
5. Full Name of Mother *Mary Grube*
6. Mother's Maiden Name *Mary Kiser.*
7. Mother's Birthplace *Germany.*
8. Full Name of Father *Cornelius Grube.*
9. Father's Occupation *Tailor.*
10. Father's Birthplace *Germany.*
- Name of Medical Attendant, or other Person who makes this return *Dr. H. H. H. H. H.*
- Address *No 152. Monument St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Dec. 8th 1877*
4. Place of Birth (Street and Number) *No 45, Eager st.*
5. Full Name of Mother *Elizabeth Shubly*
6. Mother's Maiden Name *Elizabeth Bann*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Harman Shubly*
9. Father's Occupation *Baker*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this return *Lina Hillegist*
- Address *No 152. monument st.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22233

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1*

1. Sex (state whether Male or Female) *female*

2. Race or Color (if not of the white race) *colored*

3. Date of Birth *December the 8*

4. Place of Birth (Street and Number) *Maryland, Howard St Sarah Brown*

5. Full Name of Mother *Sarah Brown*

6. Mother's Maiden Name *Sarah Doome*

7. Mother's Birthplace *Maryland*

8. Full Name of Father *Samuel Brown*

9. Father's Occupation *Scurvy man*

10. Father's Birthplace *Cent Maryland*

Name of Medical Attendant, or other Person who makes this Return. *Rachel Doome*

Address *122 Henrietta*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22934

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) *2nd*
 1. Sex (state whether Male or Female) *male*
 2. Race or Color (if not of the white race)
 3. Date of Birth *Dec 8 Jan 8 1877*
 4. Place of Birth (Street and Number) *85 E. Water St.*
 5. Full Name of Mother *Annie Kettinger*
 6. Mother's Maiden Name *Annie Doyle*
 7. Mother's Birthplace *United States*
 8. Full Name of Father *John Kettinger*
 9. Father's Occupation *laborer*
 10. Father's Birthplace *United States*
 Name of Medical Attendant, or other Person who makes this return *Sarah Cooper*
 Address *52 E. Lombard St.*
 Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

99233

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*
 1. Sex (state whether Male or Female) *Male*
 2. Race or Color (if not of the white race) *White*
 3. Date of Birth *Dec. 8th 1877*
 4. Place of Birth (Street and Number) *Baltimore Poppleton St. No 28*
 5. Full Name of Mother *Catherine Butler*
 6. Mother's Maiden Name *Conner*
 7. Mother's Birthplace *Ireland*
 8. Full Name of Father *John Butler*
 9. Father's Occupation *Seaman*
 10. Father's Birthplace *Ireland*
- Name of Medical Attendant, or other Person who makes this return *Mrs. C. Whitell*
- Address *N. 122 Park St*
- Remarks

RETURN OF A BIRTH. 22236

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Child of Mother (state whether 1st, 2d, 3d, &c.) *sixth child*
(state whether Male or Female) *Female*
Race or Color (if not of the white race) *White*
Date of Birth *Eight of December*
Place of Birth (Street and Number) *137 South Caroline St*
Name of Mother *Maria Louisa Sharp*
Mother's Maiden Name *Maria Louisa M. E. Looney*
Mother's Birthplace *Baltimore*
Name of Father *William Sharp*
Father's Occupation *Woolen miller*
Father's Birthplace *Baltimore*
Name of Medical Attendant, or other Person who makes this Return. *Hannah E. Knowles*
Address *272 Eastern Ave*



rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22237

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2^d
 1. Sex (state whether Male or Female) male
 2. Race or Color (if not of the white race) white
 3. Date of Birth Dec. 9th 1877
 4. Place of Birth (Street and Number) 21. E. Walpole St
 5. Full Name of Mother Margaretta Kraus
 6. Mother's Maiden Name " Schutte
 7. Mother's Birthplace Germany
 8. Full Name of Father Andreas Kraus
 9. Father's Occupation Shoemaker
 10. Father's Birthplace Germany
 Name of Medical Attendant, or other Person who makes this Return. P. H. Danach M.D.
 Address 27. N. Broadway
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22238

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd Child
Female

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

Dec 9th

4. Place of Birth (Street and Number)

No 4 Payson St

5. Full Name of Mother

Mary Lillin

6. Mother's Maiden Name

Mary Lynch

7. Mother's Birthplace

Ireland

8. Full Name of Father

Edward Lillin

9. Father's Occupation

Stone Mason

10. Father's Birthplace

Ireland

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Lindner

Address

45 Monroe St

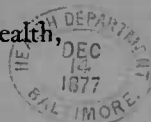
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22239

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *December 14, 1877*

4. Place of Birth (Street and Number) *Little McEldon St. No. 51*

5. Full Name of Mother *Fanny Brady*

6. Mother's Maiden Name *Fanny Coxon*

7. Mother's Birthplace *Little York, Pennsylvania*

8. Full Name of Father *John Brady*

9. Father's Occupation *Shoemaker*

10. Father's Birthplace *Baltimore City*

Name of Medical Attendant, or other Person who makes this Return *Mary E. Müller*

Address *N. Diller St. No. 26.*

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22240

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Colored race
3. Date of Birth Dec 9th 1877
4. Place of Birth (Street and Number) S. Durham St
5. Full Name of Mother Mary Jackson
6. Mother's Maiden Name Jackson
7. Mother's Birthplace Wagatha
8. Full Name of Father John Jackson
9. Father's Occupation Carpenter
10. Father's Birthplace Wagatha
- Name of Medical Attendant, or other Person who makes this Return. Wm. Lawrence Jackson
- Address 111 South Dunes St
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise in the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22241

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *first-*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Sunday Dec 5th 77*

4. Place of Birth (Street and Number) *N. W. Cor. Sharp & Montgomery*

5. Full Name of Mother *Frances Meyer*

6. Mother's Maiden Name *Frances Wild*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *John A. Meyer*

9. Father's Occupation *House & Fred Insurance*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *E. G. M. M. D.*

Address *571 N. Calvert St.*

Remarks *Baltimore*
M.D.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22242



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2^d

1. Sex (state whether Male or Female)

female

2. Race or Color (if not of the white race)

3. Date of Birth

Dec 9th 1877

4. Place of Birth (Street and Number)

2 Plowman Str.

5. Full Name of Mother

Catherine Matheny

6. Mother's Maiden Name

Catherine Guckie

7. Mother's Birthplace

U. States

8. Full Name of Father

John Matheny

9. Father's Occupation

Laborer

10. Father's Birthplace

U. States

Name of Medical Attendant, or other Person who makes this return

Sarah Barker

Address

52 E. Lombard Str.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22243

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Eighth*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Dec 9th 1877*
4. Place of Birth (Street and Number) *No 242 Eden st*
5. Full Name of Mother *Margara Berndt*
6. Mother's Maiden Name *Folk*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Joseph Berndt*
9. Father's Occupation *Life Ins Agent*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return *Mrs Goetzke*
- Address *No 55 S. Bond st*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22214

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *N^o 2*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *Coulard*
3. Date of Birth *December 9th 1877*
4. Place of Birth (Street and Number) *N^o 32 Sarah Ann Street*
5. Full Name of Mother *Mary Tankard*
6. Mother's Maiden Name *Unknown*
7. Mother's Birthplace *Centerville*
8. Full Name of Father *Alfred Tankard*
9. Father's Occupation *Seaman*
10. Father's Birthplace *Unknown*
- Name of Medical Attendant, or other Person who makes this Return. *M^{rs} Caroline White*
- Address *N^o 10 Douglas Street Baltimore*
- Remarks *None*

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 22246

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth Child
 1. Sex (state whether Male or Female) Male
 2. Race or Color (if not of the white race) Caucasian
 3. Date of Birth Dec. 9th
 4. Place of Birth (Street and Number) St. in Plum Alley
 5. Full Name of Mother Mary Sample
 6. Mother's Maiden Name Mary Pollock (Priley)
 7. Mother's Birthplace Eastern Shore, Va.
 8. Full Name of Father Charles Sample
 9. Father's Occupation Grain Merchant
 10. Father's Birthplace Eastern Shore, Va.
 Name of Medical Attendant, or other Person who makes this Return. Lucy Hopkins
 Address No 150 S. Calumet St.
 Remarks Baltimore

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22217

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth December 9th 1877

4. Place of Birth (Street and Number) 75 Gardner Street

5. Full Name of Mother Anna McLane

6. Mother's Maiden Name " " McDermining

7. Mother's Birthplace Ireland

8. Full Name of Father Thomas McLane

9. Father's Occupation Coachman

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this return Theresia Eigeldinger

Address No 14 Union Street

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22245

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Birth Child.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	white.
3. Date of Birth	December 9
4. Place of Birth (Street and Number)	Chesapeake St. 20 East
5. Full Name of Mother	Elizabeth E. Monroe
6. Mother's Maiden Name	Elizabeth E. Rimmer
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Joseph E. Monroe
9. Father's Occupation	Master Abbott mill
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return	John Wiley
Address	112 Patm. Park-ave.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22249

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *December 9th 1877*

4. Place of Birth (Street and Number) *24 Seamon st.*

5. Full Name of Mother *Margaret McNear*

6. Mother's Maiden Name *Margaret Godfrey*

7. Mother's Birthplace *Ireland*

8. Full Name of Father *John McNear*

9. Father's Occupation *laborer*

10. Father's Birthplace *Ireland*

Name of Medical Attendant, or other Person who makes this Return.

Address *2136 McHenry st Baltimore Md.*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

22250
HEALTH DEPARTMENT
DEC 11 1877
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

6
Female
White
Dec 9 1877
No 50 Hamburg St
Mary E. North
Mary E. Saunders
Wm
William North
Mariner
Wm
Herzegovina
17 Wm ac

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22251

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) This is the 6 Baby
 1. Sex (state whether Male or Female) female Baby
 2. Race or Color (if not of the white race) Colored
 3. Date of Birth the 9th of December 1877
 4. Place of Birth (Street and Number) No 169 Vine Street Baltimore Md
 5. Full Name of Mother Anna Villey
 6. Mother's Maiden Name Anna Green
 7. Mother's Birthplace Anarone Maryland
 8. Full Name of Father James Villey
 9. Father's Occupation Hard Labor
 10. Father's Birthplace Chambersburg P. V. Pennsylvania
 Name of Medical Attendant, or other Person who makes this Return. Larry Virgine Cole
 Address No 174 Vine St Baltimore
 Remarks Chambers

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22252

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

Male 8th Female head

2. Race or Color (if not of the white race)

white

3. Date of Birth

Born on the 10th of Dec. 1877

4. Place of Birth (Street and Number)

42 West Baltimore St. near Can

5. Full Name of Mother

Lizzie Schroeder

6. Mother's Maiden Name

L. Reierschneider

7. Mother's Birthplace

Germany

8. Full Name of Father

Frederich Schroeder

9. Father's Occupation

Barkeeper

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mississ Miller

Address

1257 Annapolis St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH.

22253

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Child

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Dec. 10. 1877

4. Place of Birth (Street and Number)

54 N. Evelyn St.

5. Full Name of Mother

Sarah F. Gonthrum.

6. Mother's Maiden Name

Sarah F. Clamidge.

7. Mother's Birthplace

Balt.

8. Full Name of Father

Henry H. Gonthrum.

9. Father's Occupation

Shoe Cutter

10. Father's Birthplace

Balt.

Name of Medical Attendant, or other Person who makes this Return.

Address

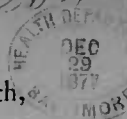
John Powell M.D.
224 Carrollton Ave

Remarks

Child. Healthy

RETURN OF A BIRTH.

22254



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 child
 1. Sex (state whether Male or Female) female
 2. Race or Color (if not of the white race) White race
 3. Date of Birth December 10th 1877
 4. Place of Birth (Street and Number) Central avenue # 44
 5. Full Name of Mother Mary E. Bickner
 6. Mother's Maiden Name " " Parker
 7. Mother's Birthplace Balto Md.
 8. Full Name of Father John Bickner
 9. Father's Occupation Bricklayer
 10. Father's Birthplace Bavaria Germany
 Name of Medical Attendant, or other Person who makes this return Mrs Rose Kelly
 Address 48 Hollenat St.
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar of Vital Statistics, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

22258

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth (5th)

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Monday Decr 10th 1877

4. Place of Birth (Street and Number) No 4 East 12th St

5. Full Name of Mother Wilhelmina Pfeiffer

6. Mother's Maiden Name Do Dork

7. Mother's Birthplace Germany

8. Full Name of Father Charles A. Pfeiffer

9. Father's Occupation Salesman

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. J. P. Corbett

Address 110 E. 12th St

Remarks See

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22256

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Decr 10th 1877

4. Place of Birth (Street and Number)

666 Eighth St

5. Full Name of Mother

Julia Parks

6. Mother's Maiden Name

Julia Parks

7. Mother's Birthplace

Baltimore Md

8. Full Name of Father

John Parks

9. Father's Occupation

Shoe maker

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who make this return

Theodore C. M.D.

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Male

white

Dec. 10. 1877

South Western St. No. 51.

Margaretta Weiss
Geller

Dieson Bremen

Johann Weiss

Farmer

Herrnsdorf Bremen

Dr. Johann Proussach

South Western St. No. 28

M. D. M. P.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22258

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) _____
 1. Sex (state whether Male or Female) Male
 2. Race or Color (if not of the white race) white
 3. Date of Birth Dec. 10. 1877
 4. Place of Birth (Street and Number) Commercesstr No 82
 5. Full Name of Mother Mary Onkelbach
 6. Mother's Maiden Name Troppach
 7. Mother's Birthplace Hirschfeld Prussia
 8. Full Name of Father Adam Onkelbach
 9. Father's Occupation Lebner
 10. Father's Birthplace Gieselbach Prussia
 Name of Medical Attendant, or other Person who makes this Return Mrs. Johanna Troppach
 Address South Wolfstr No 28
 Remarks M. Troppach

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22257

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



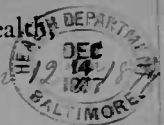
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st.*
 1. Sex (state whether Male or Female) *Male*
 2. Race or Color (if not of the white race)
 3. Date of Birth *December 10th 1877.*
 4. Place of Birth (Street and Number) *Port No. No.*
 5. Full Name of Mother *Kate Herzberger*
 6. Mother's Maiden Name *Kate Spruitts.*
 7. Mother's Birthplace *Baltimore M.d.*
 8. Full Name of Father *George Herzberger*
 9. Father's Occupation *Saloon*
 10. Father's Birthplace *Baltimore M.d.*
 Name of Medical Attendant, or other Person who makes this return *Dorothea Brune*
 Address *114 Battery St.*
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 22260

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. December



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth December 10th 1877

4. Place of Birth (Street and Number) 74 Wolfe St.

5. Full Name of Mother Christine Pohl

6. Mother's Maiden Name Christine Pohl

7. Mother's Birthplace Germany

8. Full Name of Father J. J. Pohl

9. Father's Occupation Printer

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this return Mrs. Mary Amend

Address No. 137 Wolfe St.

Remarks CH

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22261

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*
1. Sex (state whether ~~Male~~ or Female) *1*
2. Race or Color (if not of the white race)
3. Date of Birth *December 10th 1877*
4. Place of Birth (Street and Number) *No 46 Gough St.*
5. Full Name of Mother *Hannah Metzger*
6. Mother's Maiden Name *" Benheim*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Isaac Metzger*
9. Father's Occupation *Salesman*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *J. Ridgway Andre*
- Address *No 121 E. Balto St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

212,262

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First.*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) _____
3. Date of Birth *December 10th 1877.*
4. Place of Birth (Street and Number) *No 8 Hamburg St.*
5. Full Name of Mother *Sarah Rigdon Thomas.*
6. Mother's Maiden Name *Sarah Rigdon Sumwalt.*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *George Coleman Milman Roberts Thomas.*
9. Father's Occupation *Printer*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this return *Mrs Jane Winnaberger*
- Address *No. 23 N. Liberty St.*
- Remarks _____

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6
1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) colored
3. Date of Birth December 10th
4. Place of Birth (Street and Number) 226 Kanover street
5. Full Name of Mother Frances Jane Johnson
6. Mother's Maiden Name _____
7. Mother's Birthplace Baltimore
8. Full Name of Father James J. Johnson
9. Father's Occupation carter
10. Father's Birthplace Baltimore
Name of Medical Attendant, or other Person who makes this return Charity M. Boulder
Address 213 South Calver Street
Remarks _____

MISSING

22264-22265

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22266



To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Female* *5th*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *W*
3. Date of Birth *Dec 10th 77.*
4. Place of Birth (Street and Number) *119 Gay St.*
5. Full Name of Mother *Hensleeta Stern.*
6. Mother's Maiden Name *Goldsmith*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Julious Stern*
9. Father's Occupation *Store keeper*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Goetzke*
- Address *No 55 2 Bond St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22267



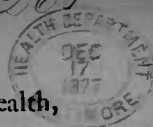
To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) _____
3. Date of Birth Dec 14 1877
4. Place of Birth (Street and Number) 72 Putnam St.
5. Full Name of Mother Theresa Nathan
6. Mother's Maiden Name Theresa Weinberger
7. Mother's Birthplace U. States
8. Full Name of Father Joseph Nathan
9. Father's Occupation Cigar Manufacture
10. Father's Birthplace U. States
- Name of Medical Attendant, or other Person who makes this return Sarah Ogden
- Address 52 E Lombard St.
- Remarks _____

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22268



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9th

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

3. Date of Birth

Date Dec 10th 1877

4. Place of Birth (Street and Number)

71 Spring St.

5. Full Name of Mother

Mary Lynam

6. Mother's Maiden Name

Mary Lynam

7. Mother's Birthplace

Ireland

8. Full Name of Father

Equal Lynam

9. Father's Occupation

Carter

10. Father's Birthplace

Ireland

Name of Medical Attendant, or other Person who makes this return

Sarah Crashev

Address

52 E Lombard St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The first child.*
1. Sex (state whether Male or Female) *Male.*
2. Race or Color (if not of the white race) *White.*
3. Date of Birth *The 10th of December.*
4. Place of Birth (Street and Number) *No 16 Carlton Street.*
5. Full Name of Mother *Carolina Wilhelmina Vitten.*
6. Mother's Maiden Name *Mina Long.*
7. Mother's Birthplace *Baltimore.*
8. Full Name of Father *John Henry Vitten.*
9. Father's Occupation *Baker.*
10. Father's Birthplace *Bleichenbach Grossherzogthum Hessen.*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Dumbler.*
- Address *No 60 North Schroeder Street.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22270

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th Child.*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Dec. 10th*
4. Place of Birth (Street and Number) *220. S. Bond st*
5. Full Name of Mother *Gollin Brosinska.*
6. Mother's Maiden Name *Schreiber*
7. Mother's Birthplace *West Prussia*
8. Full Name of Father *John Brosinska*
9. Father's Occupation *...*
10. Father's Birthplace *West Prussia*
Name of Medical Attendant, or other Person who makes this return *Mrs. Gittner*
Address *Wolf st 245.*
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22271



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

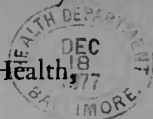
- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Baltimore Dec^r 10 1877.*
- Sex (state whether Male or Female) *Male 1 M*
- Race or Color (if not of the white race) *White*
- Date of Birth *Baltimore Monday Dec^r 10 1877.*
- Place of Birth (Street and Number) *No Chappel Str Bet's Edgar - Chase.*
- Full Name of Mother *Mary Conn E. Elliott.*
- Mother's Maiden Name *Mary Ann Busick.*
- Mother's Birthplace *Baltimore City Md.*
- Full Name of Father *Gorge Busick.*
- Father's Occupation *Gentleman. Boot Fiter.*
- Father's Birthplace *Baltimore City Md.*
- Name of Medical Attendant, or other Person who makes this Return. *Am R Lloyd*
- Address *No 2 Chappel. Str.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22272

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3d*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *10 December*
4. Place of Birth (Street and Number) *375 South Sharp Street*
5. Full Name of Mother *Mary Paulin Bessyns*
6. Mother's Maiden Name *Mary Paulin Cliven*
7. Mother's Birthplace *Leille France*
8. Full Name of Father *Joseph Bessyns*
9. Father's Occupation *Superintendent of Fire-Proof Building Co*
10. Father's Birthplace *Saintvliet Belgium*
- Name of Medical Attendant, or other Person who makes this return *Bartholomew W. W. W.*
- Address *74 S. E. 1st St.*
- Remarks

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3^d*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *December 10th 1877*

4. Place of Birth (Street and Number) *299 William Street*

5. Full Name of Mother *Mina Presbosh*

6. Mother's Maiden Name *" " Flug*

7. Mother's Birthplace *Germany*

8. Full Name of Father *Karl V. Presbosh*

9. Father's Occupation *Cigarmaker*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this return *Catherine Mung*

Address *74 Leadenhall St*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

222711



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *first*
1. Sex (state whether Male or Female) *female*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *Dec 10th*
4. Place of Birth (Street and Number) *212 N Gay St.*
5. Full Name of Mother *Nanny E. Hermann*
6. Mother's Maiden Name *Lamb*
7. Mother's Birthplace *Annapolis Md.*
8. Full Name of Father *John Hermann*
9. Father's Occupation *Confectionery*
10. Father's Birthplace *Balt*
- Name of Medical Attendant, or other Person who makes this Return. *E. J. Kleber*
- Address *222 N. Broadway M.D.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22273

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *Dec 10th 1877*
4. Place of Birth (Street and Number) *No 238 S Bond Str.*
5. Full Name of Mother *Elizabeth Repp*
6. Mother's Maiden Name *" Semler*
7. Mother's Birthplace *Germany*
8. Full Name of Father *John Repp*
9. Father's Occupation *Chemist*
10. Father's Birthplace *" name*
- Name of Medical Attendant, or other Person who makes this return *Elizabeth Buschmann*
- Address *120 Bank Str.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Caucasian*
3. Date of Birth *10th Dec 1877*
4. Place of Birth (Street and Number) *1215 Spring Street*
5. Full Name of Mother *Yousanne Watkins*
6. Mother's Maiden Name *Sanborn*
7. Mother's Birthplace *Baltimore City*
8. Full Name of Father *Thomas Watkins*
9. Father's Occupation *Drummer*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Rosella Williams*
- Address *1215 Spring Street*
- Remarks *rather small child*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22277

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *19 Decem^r.*
4. Place of Birth (Street and Number) *No 11 Sheppard st*
5. Full Name of Mother *Elizabeth Crocker*
6. Mother's Maiden Name *E. Gannon*
7. Mother's Birthplace *Ireland*
8. Full Name of Father *Peter Crocker*
9. Father's Occupation *labor*
10. Father's Birthplace *Ireland*
- Name of Medical Attendant, or other Person who makes this return *Elizabeth Fleming*
- Address *No 95 Stannard street*
- Remarks *Healthy*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) _____
1. Sex (state whether ~~Male~~ or Female) _____
2. Race or Color (if not of the white race) White
3. Date of Birth December 11th 1877
4. Place of Birth (Street and Number) 159 S. Broadway
5. Full Name of Mother Fannie Mustau
6. Mother's Maiden Name Fannie Feiman
7. Mother's Birthplace Baltimore City, Md.
8. Full Name of Father Nyers A. Mustau
9. Father's Occupation Clothier
10. Father's Birthplace Prussia
- Name of Medical Attendant, or other Person who makes this return Nicholas S. Dashiell
- Address 207 S. Broadway
- Remarks Quarantined

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. He or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22279

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st child*
 1. Sex (state whether Male or Female) *Female*
 2. Race or Color (if not of the white race) *American born*
 3. Date of Birth *November 11th 1877*
 4. Place of Birth (Street and Number) *Central ave # 48*
 5. Full Name of Mother *Ellen Williams*
 6. Mother's Maiden Name *" Huntley*
 7. Mother's Birthplace *England*
 8. Full Name of Father *William L. Williams*
 9. Father's Occupation *Bookkeeper*
 10. Father's Birthplace *Virginia*
 Name of Medical Attendant, or other Person who makes this return *Miss Rose Stelling*
 Address *48 Highland St*
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born; its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd.*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Dec 11th 1877*

4. Place of Birth (Street and Number) *77 Duncan Alley.*

5. Full Name of Mother *Lizzie Glock*

6. Mother's Maiden Name *Jessie Herbener*

7. Mother's Birthplace *America*

8. Full Name of Father *Adam Glock*

9. Father's Occupation *Sugar Refinery.*

10. Father's Birthplace *Germany*

Name of Medical Attendant, or other Person who makes this return

Address *No. 137 N. E. St.*

Remarks *CH*

Mrs. Mary Amend

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22287

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd Child*

1. Sex (state whether Male or Female) _____
 2. Race or Color (if not of the white race) *White*
 3. Date of Birth *December the 11. 1877*
 4. Place of Birth (Street and Number) *Albemarle St. No. 28*
 5. Full Name of Mother *Elisabetta Becker*
 6. Mother's Maiden Name *Elisabetta Bartholomae*
 7. Mother's Birthplace *Baltimore City*
 8. Full Name of Father *John G. Becker*
 9. Father's Occupation *Painter*
 10. Father's Birthplace *Neublingen. N. Wurtemberg. Germany*
- Name of Medical Attendant, or other Person who makes this return *Mary E. Muller*
- Address *N. Dallas St. No. 26.*
- Remarks _____

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22282

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c) *6th*

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

Colored

3. Date of Birth

11th Dec 1877

4. Place of Birth (Street and Number)

Sarah Ann St - - - 159

5. Full Name of Mother

Maria Spencer

6. Mother's Maiden Name

Maria Smith

7. Mother's Birthplace

Annapolis Co

8. Full Name of Father

Joseph Spencer

9. Father's Occupation

Iron Store

10. Father's Birthplace

Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

Francis Greenby

Address

161 Sarah Ann St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22283



To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *119th*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *Colored*

3. Date of Birth *11th December 1877*

4. Place of Birth (Street and Number) *164 King St*

5. Full Name of Mother *Lauria Taylor*

6. Mother's Maiden Name *Lauria Victoria*

7. Mother's Birthplace *Virginia*

8. Full Name of Father *Richard Taylor*

9. Father's Occupation *Welder*

10. Father's Birthplace *Virginia*

Name of Medical Attendant, or other Person who makes this Return. *Mary Richardson*

Address *202 Lamar Street*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22284

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Dec. the 11 1877
4. Place of Birth (Street and Number) No. 732 Saratoga St
5. Full Name of Mother Maggie Balier
6. Mother's Maiden Name Maggie Denges
7. Mother's Birthplace Baltimore Md
8. Full Name of Father John Balier
9. Father's Occupation Tailor
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Miss Annie Mesinger
- Address. No 220 Preston St
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



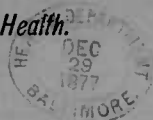
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth December the 11 1877
4. Place of Birth (Street and Number) 33 Myrtle Ave
5. Full Name of Mother Charlotte Pfeiffer
6. Mother's Maiden Name Charlotte Smyser
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Mathew Pfeiffer
9. Father's Occupation Shoemaker
10. Father's Birthplace Baltimore Md
- Name of Medical Attendant, or other Person who makes this Return. Mrs Miss Misenzehl
- Address 10228 Preston St
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22286

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

11 December

4. Place of Birth (Street and Number)

229 E. Bond St

5. Full Name of Mother

Josephine Barchert

6. Mother's Maiden Name

Josephine Barchert

7. Mother's Birthplace

Balto.

8. Full Name of Father

John Barchert

9. Father's Occupation

Silversmith

10. Father's Birthplace

Balto.

Name of Medical Attendant, or other Person who makes this Return.

J. Conrad

Address

229 Bond St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22287

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Dec. 11, 1877*
4. Place of Birth (Street and Number) *No. 126, Durham St.*
5. Full Name of Mother *Rebecca Piray*
6. Mother's Maiden Name *Rebecca Sullivan*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *John Piray*
9. Father's Occupation *Wagon Driver*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this return *Dana Kilgus*
- Address *182 Monument St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

22288



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third
1. Sex (~~state whether Male or Female~~) _____
2. Race or Color (if not of the white race) white
3. Date of Birth Dec 11th 1897
4. Place of Birth (Street and Number) 20 McMichael St
5. Full Name of Mother Mary W. Hobbs
6. Mother's Maiden Name Rea
7. Mother's Birthplace Baltimore
8. Full Name of Father Benedict Hobbs
9. Father's Occupation Clerk
10. Father's Birthplace Kentucky
- Name of Medical Attendant, or other Person who makes this Return. Chas Sawcett M.D.
- Address 72 McMichael St
- Remarks _____

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22289

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) _____
3. Date of Birth Dec 11 1877
4. Place of Birth (Street and Number) 24 Park St
5. Full Name of Mother Sophie Jack
6. Mother's Maiden Name Sophie Rogers
7. Mother's Birthplace United States
8. Full Name of Father Frederick Jack
9. Father's Occupation Blackster
10. Father's Birthplace United States
- Name of Medical Attendant, or other Person who makes this return Sarah Parker
- Address 52 E Lombard St
- Remarks _____

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22290



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Dec 11/77*
4. Place of Birth (Street and Number) *100 Wilson St. Not Reported*
5. Full Name of Mother *Mar. W. Clark*
6. Mother's Maiden Name *A. B. Clark*
7. Mother's Birthplace *England*
8. Full Name of Father *Frank Recker*
9. Father's Occupation *Barber*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this return *Wm. J. Gross*
- Address *81 York St.*
- Remarks

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22291

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth 11 December 1877

4. Place of Birth (Street and Number) 301 N. Centre St

5. Full Name of Mother Mary A. Hildebrand

6. Mother's Maiden Name Mary A. Child

7. Mother's Birthplace New York

8. Full Name of Father Samuel Hildebrand

9. Father's Occupation Tray Driver

10. Father's Birthplace On the Ocean

Name of Medical Attendant, or other Person who makes this Return. Mary Ann Butler

Address No 181 N. Centre St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

22292
DEC 29 1877
BALTIMORE

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13 child
1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) White race
3. Date of Birth December 12th 1877
4. Place of Birth (Street and Number) No. 6 Elders St. # 15
5. Full Name of Mother Margaretta Smith
6. Mother's Maiden Name " Pensal
7. Mother's Birthplace Philadelphia
8. Full Name of Father Nicolas Smith
9. Father's Occupation Liquor Dealer
10. Father's Birthplace Europe
- Name of Medical Attendant, or other Person who makes this return Mrs. Rose Ulling
- Address 45 Hollander St.
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22293

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Dec. 12th

4. Place of Birth (Street and Number) 75 Camden St

5. Full Name of Mother Louise Floeman

6. Mother's Maiden Name Volkmann

7. Mother's Birthplace Prussia

8. Full Name of Father Henry Floeman

9. Father's Occupation Cigar-maker

10. Father's Birthplace Prussia

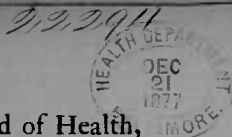
Name of Medical Attendant, or other Person who makes this return Mary Roth

Address 328 S. Enoch St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *W. 12th*
3. Date of Birth *White*
4. Place of Birth (Street and Number) *No 226 S. Outaw ^{en}*
5. Full Name of Mother *Elizabeth Wolf*
6. Mother's Maiden Name *Knickerbocker*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Henry Wolf*
9. Father's Occupation *Liquor Dealer*
10. Father's Birthplace *Prussia*
- Name of Medical Attendant, or other Person who makes this return *Marx W. Wolf*
- Address *328 S. Outaw ^{en}*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22295



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
 1. Sex (state whether Male or Female) Female
 2. Race or Color (if not of the white race) White
 3. Date of Birth Dec. 12th
 4. Place of Birth (Street and Number) 389. South Eutaw st.
 5. Full Name of Mother Albertine Jundlack
 6. Mother's Maiden Name Caufert.
 7. Mother's Birthplace Herrgottshausen, Prussia
 8. Full Name of Father Charles Jundlack
 9. Father's Occupation Laborer
 10. Father's Birthplace Herrgottshausen, Prussia
 Name of Medical Attendant, or other Person who makes this return Mary Koch
 Address 328 South Eutaw st.
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22296

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th King*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *Weiß*
3. Date of Birth *geboren den 12^{ten} December*
4. Place of Birth (Street and Number) *N^o 169 Worschington*
5. Full Name of Mother *Christine Moon*
6. Mother's Maiden Name *Ch. Kellweiters*
7. Mother's Birthplace *St. Moon Deutschland*
8. Full Name of Father *St. Moon*
9. Father's Occupation *Dreschmayer*
10. Father's Birthplace *Deutschland*
- Name of Medical Attendant, or other Person who makes this return *Friedrich Schaeffer*
- Address *N^o 178 Corner of Dallas and Eastern sts*
- Remarks *Lebende*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22297

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Dec. 12th 1877*

4. Place of Birth (Street and Number) *368 Eastern Ave.*

5. Full Name of Mother *Catherine Elizabeth McGinity*

6. Mother's Maiden Name *Kellner*

7. Mother's Birthplace *Germany*

8. Full Name of Father *Felix McGinity*

9. Father's Occupation *Carpenter*

10. Father's Birthplace *Baltimore Md.*

Name of Medical Attendant, or other Person who makes this return *James A. Shaw, M.D.*

Address *68 S. Broadway*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22298

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th
 1. Sex (state whether Male or Female) Boy
 2. Race or Color (if not of the white race) White
 3. Date of Birth 12th Dec 1877
 4. Place of Birth (Street and Number) Calvert St
 5. Full Name of Mother Henrietta Palmer
 6. Mother's Maiden Name Henrietta Cook
 7. Mother's Birthplace Baltimore
 8. Full Name of Father Wm C Palmer
 9. Father's Occupation Sup Childrens Asn Soc
 10. Father's Birthplace Baltimore
 Name of Medical Attendant, or other Person who makes this Return. Thos J. Muddock, M.D.
 Address 80 Read St.
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22299

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child
 1. Sex (state whether Male or Female) Male
 2. Race or Color (if not of the white race) White
 3. Date of Birth 10th of December 1877
 4. Place of Birth (Street and Number) 71 North Ann St
 5. Full Name of Mother Annie Selig
 6. Mother's Maiden Name Annie Ritter
 7. Mother's Birthplace Germany
 8. Full Name of Father J. Henry Ritter
 9. Father's Occupation Carter
 10. Father's Birthplace Germany
 Name of Medical Attendant, or other Person who makes this return Presentia Kunkel
 Address 11 North Chappel St John Kunkel
 Remarks Healthy

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22300

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY. Dec. 12



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Dec. 12th 1877

4. Place of Birth (Street and Number) 109 Caroline St.

5. Full Name of Mother Kate Wissel

6. Mother's Maiden Name Kate Gerländer

7. Mother's Birthplace America

8. Full Name of Father William Wissel

9. Father's Occupation Sailor.

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this return

Dr. Mary Anand

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22301

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Dec. 12th 1877*
4. Place of Birth (Street and Number) *417 Eastern Ave.*
5. Full Name of Mother *Annie Rist*
6. Mother's Maiden Name *Annie Lambert*
7. Mother's Birthplace *America*
8. Full Name of Father *C. Rist*
9. Father's Occupation *Brewery*
10. Father's Birthplace *America*
- Name of Medical Attendant, or other Person who makes this return *Mrs. Mary Rimerd*
- Address *109 13th more St.*
- Remarks *C. Rist*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22302

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Male
Dec 12 1877
49 N. Paen St.
Margaret Hedden
McKenna
Ireland
Chris. Hedden
Mechanic (Painter)
Napierstown

A. L. Spencer
379 N. Market St.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Dec 12

4. Place of Birth (Street and Number) No 200 Eden St

5. Full Name of Mother Gertrude Phangness

6. Mother's Maiden Name Curstain

7. Mother's Birthplace Baltimore

8. Full Name of Father Edward Phangness

9. Father's Occupation Can mother

10. Father's Birthplace New York

Name of Medical Attendant, or other Person who makes this return Charles J. Johnson

Address No 7 Forrest Place

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22304



To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex (state whether Male or Female) *female*
2. Race or Color (if not of the white race)
3. Date of Birth *Dec. 12th 1877*
4. Place of Birth (Street and Number) *46 Lombard St.*
5. Full Name of Mother *Mary Anna Adams*
6. Mother's Maiden Name *Mary Anna McGowan*
7. Mother's Birthplace *U. S. States*
8. Full Name of Father *Frederick Adams*
9. Father's Occupation *Seaman*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this return *Dr. J. H. Asher*
- Address *52 E. Lombard St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22305

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex (state whether Male or Female) *male*
2. Race or Color (if not of the white race)
3. Date of Birth *Dec 12th 1877*
4. Place of Birth (Street and Number) *71 Spring St*
5. Full Name of Mother *Kate Blum*
6. Mother's Maiden Name *Kate Donnell*
7. Mother's Birthplace *Ireland*
8. Full Name of Father *George Burns*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Ireland*
- Name of Medical Attendant, or other Person who makes this return *Sarah Boston*
- Address *328 Lombard St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23306



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex (state whether Male or Female) *male*
2. Race or Color (if not of the white race)
3. Date of Birth *Dec 12th 1877*
4. Place of Birth (Street and Number) *42 E. Lexington St*
5. Full Name of Mother *Emilia Stein*
6. Mother's Maiden Name *Emilia Patman*
7. Mother's Birthplace *H. Steier*
8. Full Name of Father *Charles Stein*
9. Father's Occupation *Tailor*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this return *Swab, Cooper*
- Address *52 E. Lombard St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22307

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



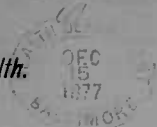
No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st
 1. Sex (state whether Male or Female) Female
 2. Race or Color (if not of the white race) White
 3. Date of Birth Dec 12 1877
 4. Place of Birth (Street and Number) 101 Castel St
 5. Full Name of Mother Annie R Lilly
 6. Mother's Maiden Name Oliver
 7. Mother's Birthplace Baltimore
 8. Full Name of Father James Lilly
 9. Father's Occupation Chemical
 10. Father's Birthplace Salem Branching Hill, England
 Name of Medical Attendant, or other Person who makes this Return. Sarah Harington
 Address 1163 Cambridge St
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22308

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *December 12/1877*
4. Place of Birth (Street and Number) *10 Biddle Alley*
5. Full Name of Mother *Maggie Grebe*
6. Mother's Maiden Name *Maggie Woodman*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *August Grebe*
9. Father's Occupation *Cigar smoker*
10. Father's Birthplace *Brownsville Ohio*
- Name of Medical Attendant, or other Person who makes this Return. *Miss Annie Mesenzehl*
- Address *No 220 B. Ave.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22309

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *December the 12 1877*
4. Place of Birth (Street and Number) *No 2 Smith St*
5. Full Name of Mother *Mary Bornmiller*
6. Mother's Maiden Name *Mary Warner*
7. Mother's Birthplace *Germany*
8. Full Name of Father *C. Gephart Bornmiller*
9. Father's Occupation *Printer*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Miss Annie Mesenzehl*
- Address *No 220 Preston St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22310

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race)
3. Date of Birth *December the 12 1877*
4. Place of Birth (Street and Number) *36 Walsh St*
5. Full Name of Mother *Lizzie Spearar*
6. Mother's Maiden Name *Lizzie Arnold*
7. Mother's Birthplace *Baltimore Md*
8. Full Name of Father *Frederic Spearar*
9. Father's Occupation *Carpenter*
10. Father's Birthplace *Baltimore Md*
- Name of Medical Attendant, or other Person who makes this Return. *Miss Minnie Mesenzehl*
- Address *No 228 Preston St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

29311



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) _____
3. Date of Birth Dec the 12 1877
4. Place of Birth (Street and Number) Division st above Pressman
5. Full Name of Mother Gennie Debring
6. Mother's Maiden Name Gennie Kluebenspiess
7. Mother's Birthplace Baltimore md
8. Full Name of Father Anthony Debring
9. Father's Occupation Florist
10. Father's Birthplace Baltimore md
- Name of Medical Attendant, or other Person who makes this Return. Miss Maria Meser il
- Address No 202 220 Preston St
- Remarks _____

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5 child*
1. Sex (state whether Male or Female) *female*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *december 12 1877*
4. Place of Birth (Street and Number) *14 bennett st*
5. Full Name of Mother *bridget oneil*
6. Mother's Maiden Name *bridget kinoley*
7. Mother's Birthplace *ireland*
8. Full Name of Father *william oneil*
9. Father's Occupation *laborer*
10. Father's Birthplace *portsmouth new hampshire*
- Name of Medical Attendant, or other Person who makes this Return. *Rachel m m garrett*
- Address *433 aliceanna st*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22313

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether Male or Female) Boy
2. Race or Color (if not of the white race) Colored
3. Date of Birth Dec 12 / 77
4. Place of Birth (Street and Number) 3 Vine St
5. Full Name of Mother Jos. Carroll
6. Mother's Maiden Name Jos. Comack
7. Mother's Birthplace New River
8. Full Name of Father Charles Carroll
9. Father's Occupation laborer
10. Father's Birthplace Balto md
- Name of Medical Attendant, or other Person who makes this Return. Charlotte proctor
- Address No. 10. Carlton St
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22314

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1st

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 12th December 1877

4. Place of Birth (Street and Number) No 220 Chay St

5. Full Name of Mother Mary Ella

6. Mother's Maiden Name Mary Ella

7. Mother's Birthplace Baltimore

8. Full Name of Father Unknown

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address 185 Central Av. Cor Monument St

Remarks All well

W. H. J. Potts

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22315



To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. *January 12, 1878*

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Eight*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *December 12th*
4. Place of Birth (Street and Number) *Forest St No 304 W*
5. Full Name of Mother *Charlotte Sullivan*
6. Mother's Maiden Name *Charlotte Greene*
7. Mother's Birthplace *Chen Lark*
8. Full Name of Father *John Sullivan*
9. Father's Occupation *Shoe Cutter*
10. Father's Birthplace *Ireland*
- Name of Medical Attendant, or other Person who makes this Return. *Sarah Hooley*
- Address *331 E. Squibb St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22316

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *12 December*
4. Place of Birth (Street and Number) *No 42 Portland St*
5. Full Name of Mother *Augusta Meier*
6. Mother's Maiden Name *Leffler*
7. Mother's Birthplace *Germing*
8. Full Name of Father *Charles Meier*
9. Father's Occupation *Painter*
10. Father's Birthplace *Germing*
- Name of Medical Attendant, or other Person who makes this return *Sophia Simon*
- Address *No 70 South Street*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22317

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 12 December
4. Place of Birth (Street and Number) Balwin St
5. Full Name of Mother Karoline Boreman
6. Mother's Maiden Name McNickle
7. Mother's Birthplace Germany
8. Full Name of Father Henry Boreman
9. Father's Occupation Labor
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this return Louisa Simon
- Address 4070 Grosvenor Street
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22318

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st 12

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Oct 19th

4. Place of Birth (Street and Number) No 13 Cambridge St

5. Full Name of Mother Mary Burns

6. Mother's Maiden Name Waspines

7. Mother's Birthplace Baltimore Co

8. Full Name of Father James Burns

9. Father's Occupation Ship Carpenter

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address Mrs Sarah Harrington

Remarks 339 Canton St

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22319

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9th

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Dec 13th 87

4. Place of Birth (Street and Number)

138 E. Eager

5. Full Name of Mother

Mary A. Neippling

6. Mother's Maiden Name

Mary A. Rice

7. Mother's Birthplace

New Jersey

8. Full Name of Father

Low Neippling

9. Father's Occupation

Glass Blower

10. Father's Birthplace

New Jersey

Name of Medical Attendant, or other Person who makes this return

Theodore Cook M.D.

Address

Remarks

RETURN OF A BIRTH.

22320

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



of Mother, (state whether 1st, 2d, 3d, &c.) *No. of children 2 this second*
whether Male or Female) *african male*
Color (if not of the white race) *african light brown*
Birth *December 13 1877*
Birth (Street and Number) *No. 1 Wire Alley.*
Name of Mother *Ellen James*
Maiden Name *Ellen Hooper*
Birthplace *Dorchester county Maryland.*
Name of Father *Emerson James*
Occupation *labour*
Birthplace *Wardester cunty Maryland.*
Medical Attendant, or other Person who makes this Return. *Doctor Cook*
Anace Commons No 45 East St
midwife. Eliza Commons No 45 East St

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22321



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex (state whether Male or Female) *female*
2. Race or Color (if not of the white race)
3. Date of Birth *Dec 13th 1877*
4. Place of Birth (Street and Number) *16 President St*
5. Full Name of Mother *Marian Elong*
6. Mother's Maiden Name *U States M. Gans*
7. Mother's Birthplace *U States*
8. Full Name of Father *John Elong*
9. Father's Occupation *Patrol*
10. Father's Birthplace *U States*
- Name of Medical Attendant, or other Person who makes this return *Sarah Crocker*
- Address *52 E Lombard St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22392



To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *9th*
1. Sex (state whether Male or Female) *male*
2. Race or Color (if not of the white race)
3. Date of Birth *Dec. 13th 1877*
4. Place of Birth (Street and Number) *14 Spils St.*
5. Full Name of Mother *Catherine Livers*
6. Mother's Maiden Name *Catherine Beards*
7. Mother's Birthplace *Shelburne*
8. Full Name of Father *Michael Livers*
9. Father's Occupation *Labour*
10. Father's Birthplace *Ireland*
- Name of Medical Attendant, or other Person who makes this return *Sarah Barker*
- Address *528 Lombard St.*
- Remarks

RETURN OF A BIRTH.

22,323

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether Male or Female) Girl

2. Race or Color (if not of the white race) White

3. Date of Birth 13 of December 1877

4. Place of Birth (Street and Number) No 25 Thames St

5. Full Name of Mother Catherine Sporewein

6. Mother's Maiden Name Catharine Bahr

7. Mother's Birthplace Baltimore

8. Full Name of Father William Sporewein

9. Father's Occupation Tavern Keeper

10. Father's Birthplace Prussia

Name of Medical Attendant, or other Person who makes this Return. Mrs Louisa Smith

Address The child is Healthy.

Remarks name of child Louisa Charlotte Sporewein

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22,324

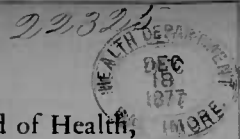
To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) _____
3. Date of Birth 13th December 1877
4. Place of Birth (Street and Number) 76 E. Holling Lane Ave.
5. Full Name of Mother Annie Salt
6. Mother's Maiden Name Annie Hughes
7. Mother's Birthplace Bedford Co. Pa
8. Full Name of Father John Salt
9. Father's Occupation Printer
10. Father's Birthplace Baltimore Md.
- Name of Medical Attendant, or other Person who makes this Return _____
- Address _____
- Remarks _____

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

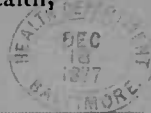
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *December 13 1877*
4. Place of Birth (Street and Number) *144*
5. Full Name of Mother *Catherina Kellner*
6. Mother's Maiden Name *Reitz*
7. Mother's Birthplace *Germany*
8. Full Name of Father *August Kellner*
9. Father's Occupation *Carpet Wever*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this return *Theresa Eigeldinger*
- Address *No 14 Union St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22326

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second Child*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *December 13th 1897*
4. Place of Birth (Street and Number) *Baltimore Davis St No 12.*
5. Full Name of Mother *Annie Wilkening.*
6. Mother's Maiden Name *Annie Hagerly.*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *John Wilkening*
9. Father's Occupation *Blackman.*
10. Father's Birthplace *Baltimore*
Name of Medical Attendant, or other Person who makes this return *Dr. Wm. R. G. Johnson*
Address *W 26. 2nd Street*
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH. 22327

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second (281)
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth December 13th, 1874
4. Place of Birth (Street and Number) No. 52 South Eden Street
5. Full Name of Mother Mrs. Carrie Gertrude Lindall
6. Mother's Maiden Name Miss C. G. Hall
7. Mother's Birthplace Baltimore, Md.
8. Full Name of Father Mr. Samuel M. Lindall
9. Father's Occupation Stone Dealer
10. Father's Birthplace Baltimore, Md.
Name of Medical Attendant, or other Person who makes this Return. Mrs. H. Glendinen
Address No. 102 North Broadway
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this return

Address

Remarks

5-2
Female
White
Dec 14
118 Ridgely st.
Mary. Stanton
Menden
Ireland
James Stanton
Cook
Ireland
Mary. Proctor
326 South Euter

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22329



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Dec 14th 1877*

4. Place of Birth (Street and Number) *#15 P. Ann Str.*

5. Full Name of Mother *E. R. Menckel*

6. Mother's Maiden Name *E. Ritzius*

7. Mother's Birthplace *German*

8. Full Name of Father *Geo. Menckel*

9. Father's Occupation *Cigar Maker*

10. Father's Birthplace *Prussia*

Name of Medical Attendant, or other Person who makes this return *Mr. Mary L. Linn*

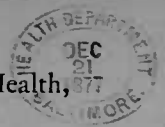
Address *#203 Washington Str*

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22330



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 child
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored Race
3. Date of Birth December 1st
4. Place of Birth (Street and Number) No 5 blind St
5. Full Name of Mother Theresita Fisher
6. Mother's Maiden Name Theresita Johnson M.B.
7. Mother's Birthplace Mother's Birth place. West River
8. Full Name of Father William H. Fisher
9. Father's Occupation Father's Place in the Store
10. Father's Birthplace Weston Shor Dorchester Co. Md
Name of Medical Attendant, or other Person who makes this return Abarila Brooks
Address No 2010 W South Warner St
Remarks Mother and Child done
Well at Present

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar above named, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, the or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29331

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Dec 2 14th 1877

4. Place of Birth (Street and Number)

421 N. Gay St.

5. Full Name of Mother

Arabella Harr

6. Mother's Maiden Name

Wartelhouse

7. Mother's Birthplace

Pennsylvania

8. Full Name of Father

Jacob Harr

9. Father's Occupation

Barber

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

R. C. Lee

Address

Hann & Barn Sts

Remarks

11

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 14 December
4. Place of Birth (Street and Number) 376 W Lombard St
5. Full Name of Mother M A Dahme
6. Mother's Maiden Name M A Madden
7. Mother's Birthplace City of Baltimore
8. Full Name of Father Peter Dahme
9. Father's Occupation Express Messenger
10. Father's Birthplace New York
- Name of Medical Attendant, or other Person who makes this Return. A. J. Meyer M.D.
- Address 379 W Lombard St
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



Dec 22 1877
Name: *Eugene Waters*
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*
1. Sex (state whether Male or Female) *Male.*
2. Race or Color (if not of the white race) *Colored.*
3. Date of Birth *14th of Dec. 1877.*
4. Place of Birth (Street and Number) *No. 3 May St.*
5. Full Name of Mother *J. J. Waters.*
6. Mother's Maiden Name *A. F. Johnson.*
7. Mother's Birthplace *Baltimore, M. D. City.*
8. Full Name of Father *E. J. Waters.*
9. Father's Occupation *Hack Driver.*
10. Father's Birthplace *Baltimore City.*
Name of Medical Attendant, or other Person who makes this Return. *Mary. Walton.*
Address *125 N. Haw river.*
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3^d*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *December 14th 1877*
4. Place of Birth (Street and Number) *213 Pear Alley*
5. Full Name of Mother *Maria Lemmenman*
6. Mother's Maiden Name *" " Aape*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *John Lemmenman*
9. Father's Occupation *Blacksmith*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this return *Theresia Eigelfinger*
- Address *No. 14 Union St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22335

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *This being the 2d child*
1. Sex (state whether Male or Female) *This being a male child*
2. Race or Color (if not of the white race) *Born December 14th 1877*
3. Date of Birth
4. Place of Birth (Street and Number) *124 Pierce St City*
5. Full Name of Mother *Maria Johnson after marriage Mrs Thomas*
6. Mother's Maiden Name
7. Mother's Birthplace *Free in Baltimore City*
8. Full Name of Father *Charles Thomas militiaman*
9. Father's Occupation *carpenter*
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this return

Address

Remarks

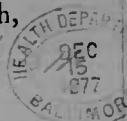
Edw. Thomas
Elizabeth H. and Mrs. wife

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22336

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth December 14th 1877

4. Place of Birth (Street and Number) 322 Eastern Ave.

5. Full Name of Mother Katie Richter

6. Mother's Maiden Name Katie Seibel

7. Mother's Birthplace Germany

8. Full Name of Father Louis Richter

9. Father's Occupation Shoemaker

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this return H. S. Henry, M.D.

Address No. 137 N. 15th St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22337

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Dec 14 4 1877*
4. Place of Birth (Street and Number) *49 Lohan St*
5. Full Name of Mother *A. Kunze*
6. Mother's Maiden Name *J. Koshshinski*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Mathew Kunze*
9. Father's Occupation *Shoemaker*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this return *Mrs Mary Anand*
- Address *2117 York St*
- Remarks *11*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22338

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) _____
1. Sex (state whether Male or Female) _____
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Sept 14: 1877*
4. Place of Birth (Street and Number) *N. E. Cor Boyd + Sandy St*
5. Full Name of Mother *Maggie McCaffrey*
6. Mother's Maiden Name *" Dunn*
7. Mother's Birthplace *Bacon Md*
8. Full Name of Father *Patrick McCaffrey*
9. Father's Occupation *Whisky Sanger*
10. Father's Birthplace *Cincinnati Ohio*
- Name of Medical Attendant, or other Person who makes this Return. *A. L. Spicer M.D.*
- Address *379 N. Lombard St.*
- Remarks _____

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22339

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name of child: *Edward Joseph Thomas*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2^d He*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Dec. 14th*

4. Place of Birth (Street and Number) *No. 97 High street Baltimore*

5. Full Name of Mother *Sarah Thomas*

6. Mother's Maiden Name *Sarah Tagan*

7. Mother's Birthplace *Baltimore Maryland*

8. Full Name of Father *John Thomas*

9. Father's Occupation *Seaman*

10. Father's Birthplace *Baltimore Md*

Name of Medical Attendant, or other Person who makes this return *Mrs. Flemming*

Address *25th Albemarle St Balt*

Remarks *Birth*



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22340

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Birth*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *14 December*
4. Place of Birth (Street and Number) *82. S. Dallas St*
5. Full Name of Mother *per. Amanda*
6. Mother's Maiden Name *Siick*
7. Mother's Birthplace *Wojtschek Bohemia*
8. Full Name of Father *per. Siick*
9. Father's Occupation *Shoemaker*
10. Father's Birthplace *Wojtschek*
- Name of Medical Attendant, or other Person who makes this Return *J. Conrad*
- Address *20 Nassau St*
- Remarks

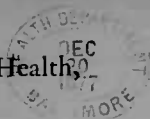
That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22341

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

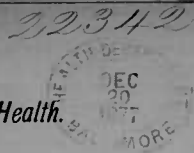


No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second child*
 1. Sex (state whether Male or Female) *Male*
 2. Race or Color (if not of the white race) *Colored*
 3. Date of Birth *Dec 14 1877*
 4. Place of Birth (Street and Number) *42 Union Street*
 5. Full Name of Mother *Ira Hall Ira Matthews*
 6. Mother's Maiden Name *Ira Hall*
 7. Mother's Birthplace *Baltimore*
 8. Full Name of Father *James Matthews*
 9. Father's Occupation *a Shoe Maker*
 10. Father's Birthplace *Baltimore*
 Name of Medical Attendant, or other Person who makes this return *Miss Elizabeth Hunt, Jr. (d)*
 Address *212 123 Chesnut Alley City Md*
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Brown complexion
3. Date of Birth December 14th 1877
4. Place of Birth (Street and Number) # 34 Raborg Street
5. Full Name of Mother
6. Mother's Maiden Name Maria Johnson
7. Mother's Birthplace Baltimore City
8. Full Name of Father Julius Ringold
9. Father's Occupation Butcher
10. Father's Birthplace Baltimore City
- Name of Medical Attendant, or other Person who makes this Return. Amelia Johnson
- Address # 6 Hamilton Street
- Remarks Illegitimate birth

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22343

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



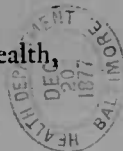
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Dec. 15 1877*
4. Place of Birth (Street and Number) *No. 150 Gay St.*
5. Full Name of Mother *Emma Bender*
6. Mother's Maiden Name *Linné Burk*
7. Mother's Birthplace *Germany*
8. Full Name of Father *William Bender*
9. Father's Occupation *Music Store*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this return *Dr. J. H. Hilligist*
- Address *182 Monument St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22344

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2^d
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Dec 18 1877
4. Place of Birth (Street and Number) No 414. Gay St. Ave.
5. Full Name of Mother Mary Carmichael
6. Mother's Maiden Name Mrs. Grassman
7. Mother's Birthplace Germany
8. Full Name of Father Henry Carmichael
9. Father's Occupation Property Dealer
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this return Irene Hallquist
- Address 182 Monument St.
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22345

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5 children
Female
White

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

14th December
McHenry St No 8

4. Place of Birth (Street and Number)

5. Full Name of Mother

Mary Jane McGay

6. Mother's Maiden Name

Mary Jane Kennedy

7. Mother's Birthplace

Baltimore Md

8. Full Name of Father

William Henry McGay

9. Father's Occupation

Printer

10. Father's Birthplace

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Catherine Stebach

Address

439 West Pratt St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22346

To the Office of Registrar of Vital Statistics, Board of Health.



Name of child *William Augustus* **BALTIMORE CITY.**

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~)

1. Sex (~~state whether Male or Female~~)
2. Race or Color (~~if not of the white race~~)
3. Date of Birth
4. Place of Birth (Street and Number)
5. Full Name of Mother
6. Mother's Maiden Name
7. Mother's Birthplace
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address.

Remarks.

December 14th 1877.
No 8 N. Schenck St.
Emma E. Uhlhorn
Emma E. Uhlhorn
Elk Ridge Howard Co Md
Augustus Uhlhorn.
Ex Policeman
Baltimore City
Wm. S. R. Riggis M.D.
" " "
City.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

22347
HEALTH DEPT.
DEC
21
1877
BALTIMORE

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *1 Dec 14*
4. Place of Birth (Street and Number) *118 Columbia St.*
5. Full Name of Mother *Anna Kladdenberger*
6. Mother's Maiden Name *Föhr*
7. Mother's Birthplace *Baravia*
8. Full Name of Father *Frank Kladdenberg*
9. Father's Occupation *Watchman*
10. Father's Birthplace *Baravia*
- Name of Medical Attendant, or other Person who makes this return *May Koch*
- Address *225 S. Eutan St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 22348

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Dec 14. 1877
4. Place of Birth (Street and Number) 37 St Paul St. (Extended) Baltimore County
5. Full Name of Mother Maria P. Markoe
6. Mother's Maiden Name Maria P. Thomas
7. Mother's Birthplace Easton Ma
8. Full Name of Father Frank Markoe
9. Father's Occupation Journalist
10. Father's Birthplace Washington D.C.
- Name of Medical Attendant, or other Person who makes this Return.
- Address
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Third (3rd)*
 1. Sex (state whether Male or Female) *Female*
 2. Race or Color (if not of the white race) *White*
 3. Date of Birth *Dec 14th 1877*
 4. Place of Birth (Street and Number) *138 Scott St*
 5. Full Name of Mother *Matilda Ann*
 6. Mother's Maiden Name *Burley*
 7. Mother's Birthplace *City of Balto*
 8. Full Name of Father *Wm Ann*
 9. Father's Occupation *Labourer*
 10. Father's Birthplace *City of Balto*
 Name of Medical Attendant, or other Person who makes this Return. *Dr D Blake M.D.*
 Address *140 Scott St*
 Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22350

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *the 1st*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *the 1st of December*
4. Place of Birth (Street and Number) *No. 2, 80 Agut. St.*
5. Full Name of Mother *Anna Harper*
6. Mother's Maiden Name *Anna Kreim*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Frank Kreim*
9. Father's Occupation *Iron Maker*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Laner*
- Address *173 Harper, con.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

22357

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11th
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Dec. 14th 1877
4. Place of Birth (Street and Number) No. 2 S. Chester St.
5. Full Name of Mother Rose Anna Russell
6. Mother's Maiden Name Patterson
7. Mother's Birthplace Scotland
8. Full Name of Father William Thomas Russell
9. Father's Occupation Pilot
10. Father's Birthplace Baltimore City
- Name of Medical Attendant, or other Person who makes this Return. C. P. Irons M.D.
- Address No. 406 E. Baltimore St.
- Remarks Healthy Child

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22352

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7 d.
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth December 14 d. 1877
4. Place of Birth (Street and Number) 91 W. Schuyler St.
5. Full Name of Mother Marie Ochs
6. Mother's Maiden Name Marie Duprenberg
7. Mother's Birthplace Germane
8. Full Name of Father Friedrich Ochs
9. Father's Occupation Kabenter
10. Father's Birthplace Germane
- Name of Medical Attendant, or other Person who makes this Return. Maria R. Rudiger
- Address 134 W. Bond St.
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29,353

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third (3rd)*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *December 14th, 1877*
4. Place of Birth (Street and Number) *No. 188 Orleans St.*
5. Full Name of Mother *Mrs. Louisa Hoffmann*
6. Mother's Maiden Name *Miss Louisa Schneider*
7. Mother's Birthplace *Baltimore, Md.*
8. Full Name of Father *Mrs. John A. Hoffmann*
9. Father's Occupation *Harness Maker*
10. Father's Birthplace *Baltimore, Md.*
- Name of Medical Attendant, or other Person who makes this Return. *William H. Glendine*
- Address *No. 102 North Broadway*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22354

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

4 Child

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

colored

3. Date of Birth

14th Dec 1877

4. Place of Birth (Street and Number)

90 Eden Hall st

5. Full Name of Mother

Mary Smith

6. Mother's Maiden Name

Morris

7. Mother's Birthplace

Baltimore

8. Full Name of Father

John Smith

9. Father's Occupation

Labourer

10. Father's Birthplace

Seamark Co

Name of Medical Attendant, or other Person who makes this Return.

Larry Widney

Address

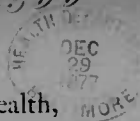
Remarks

Respectfully

When any physician, nurse, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22355



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White race
3. Date of Birth December 15th 1877
4. Place of Birth (Street and Number) Harrison St # 61
5. Full Name of Mother Christine Marsh
6. Mother's Maiden Name " Shingler
7. Mother's Birthplace Bavaria Europe
8. Full Name of Father George Marsh
9. Father's Occupation Restaurant
10. Father's Birthplace Europe
- Name of Medical Attendant, or other Person who makes this return Mrs Rose Kelly
- Address 48 Hollands St
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 22356

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth December 13. 1877
4. Place of Birth (Street and Number) 54. Cross St Baltimore
5. Full Name of Mother Minnie Baily
6. Mother's Maiden Name " " Harrison
7. Mother's Birthplace Baltimore
8. Full Name of Father John C. Baily
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs Ann. Nash
- Address
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22357

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) _____
3. Date of Birth 15 Dec. 1877
4. Place of Birth (Street and Number) 121 E. Pratt St.
5. Full Name of Mother Auguste Freteck
6. Mother's Maiden Name Goswisch
7. Mother's Birthplace Germany
8. Full Name of Father Wilhelm Freteck
9. Father's Occupation Laborer
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Gertraud Wittke
- Address 151 E. Pratt St.
- Remarks _____

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22358

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Aug. 15th 1877

4. Place of Birth (Street and Number) Baltimore Parkers St. No. 120

5. Full Name of Mother Mary Bowers

6. Mother's Maiden Name Arnold

7. Mother's Birthplace Baltimore County

8. Full Name of Father Levi Bowers

9. Father's Occupation Blacksmith

10. Father's Birthplace Calver County

Name of Medical Attendant, or other Person who makes this return Wm. G. Mitchell

Address No. 122 Parker St.

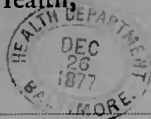
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, activity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22359

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex (state whether Male or Female)

female

2. Race or Color (if not of the white race).

3. Date of Birth

December 15 1877

4. Place of Birth (Street and Number)

52 E. Lombard St.

5. Full Name of Mother

Hurricane Stiebenhoffer

6. Mother's Maiden Name

Minion

7. Mother's Birthplace

Germany

8. Full Name of Father

Max Stiebenhoffer

9. Father's Occupation

Laborer

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this return

Sarah Carter

Address

52 E. Lombard St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22360

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Third
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Fuller
3. Date of Birth Dec 17 1877
4. Place of Birth (Street and Number) 108 S. Howard St.
5. Full Name of Mother Mary Carter
6. Mother's Maiden Name H. H. H.
7. Mother's Birthplace 2 8
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace
- Name of Medical Attendant, or other Person who makes this Return. Booth Phelan
- Address 108 70 Second St.
- Remarks 11th. child living well

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *December 15th 1872*
4. Place of Birth (Street and Number) *112 153 E. 2nd St*
5. Full Name of Mother *Francis City*
6. Mother's Maiden Name *Francis Kaiser*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *George City*
9. Father's Occupation *Carpenter*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Catherine Horner*
- Address *No 106 West 2nd*
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22352

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female)

Female
White

2. Race or Color (if not of the white race)

3. Date of Birth

Dec. 15th

4. Place of Birth (Street and Number)

No. 260 E. Lombert St.

5. Full Name of Mother

Caroline Teaubert

6. Mother's Maiden Name

Bangert
Germany

7. Mother's Birthplace

8. Full Name of Father

J. C. Teaubert

9. Father's Occupation

Labourer

10. Father's Birthplace

America

Name of Medical Attendant, or other Person who makes this Return.

Mrs M. Bangert

Address

No. 260 E. Lombert

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22363



To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Seventh

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

W

3. Date of Birth

Dec 15 '77

4. Place of Birth (Street and Number)

24. Hamstead St

5. Full Name of Mother

Kathrine Matzen

6. Mother's Maiden Name

Matzen

7. Mother's Birthplace

Germany

8. Full Name of Father

J. Phillip Matzen

9. Father's Occupation

Shoemaker

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Goetzke

Address

557. Bond St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

W

3. Date of Birth

Dec 15 - 11

4. Place of Birth (Street and Number)

166 E. Pratt St

5. Full Name of Mother

Mary Maksten

6. Mother's Maiden Name

Solomon

7. Mother's Birthplace

Baltimore

8. Full Name of Father

John Maksten

9. Father's Occupation

Storekeeper

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return

Mr. Coetzee

Address

No. 55 - T. Bond St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22365



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd Child*

1. Sex (state whether ~~Male~~ or Female)
2. Race or Color (if not of the white race) *White*
3. Date of Birth *December 15. 1877*
4. Place of Birth (Street and Number) *E. Baltimore St. No 271*
5. Full Name of Mother *Barbara Weker*
6. Mother's Maiden Name *Barbara Richter*
7. Mother's Birthplace *Baltimore City*
8. Full Name of Father *Heinrich Weker*
9. Father's Occupation *Merchant Taylor*
10. Father's Birthplace *Schwarzenborn. V. Proussen. Germany*

Name of Medical Attendant, or other Person who makes this return *Mary E. Muller*

Address *N. Dallas St. No 26.*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22366



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd Child*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *December 11, 1877*

4. Place of Birth (Street and Number) *Orlean St. No 279.*

5. Full Name of Mother *Katharina Wagner*

6. Mother's Maiden Name *Katharina Lamborn*

7. Mother's Birthplace *Waldorf. Th. Wurttemberg. Germany*

8. Full Name of Father *Hermann Wagner*

9. Father's Occupation *Shoemaker*

10. Father's Birthplace *Homburg. Th. Prussia. Germany*

Name of Medical Attendant, or other Person who makes this return *Mary E. Muller*

Address *N Dallas St. No 26.*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22367

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c) *the second child*
 1. Sex (state whether Male or Female) *female*
 2. Race or Color (if not of the white race) *born Dec. December the 15th*
 3. Date of Birth *December the 16th*
 4. Place of Birth (Street and Number) *No 94 Tyson St Baltimore*
 5. Full Name of Mother *Mrs Mary Marshall*
 6. Mother's Maiden Name *Miss Mary Marshall*
 7. Mother's Birthplace *Worth's place Chicago*
 8. Full Name of Father *Mr Dayton Williams*
 9. Father's Occupation *Master*
 10. Father's Birthplace *N. Freeburg W. V.*
 Name of Medical Attendant, or other Person who makes this Return. *Mrs Mary E. Lowe*
 Address *No 94 Tyson St*
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22368

To the Office of Registrar of Vital Statistics; Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 15th Dec
4. Place of Birth (Street and Number) 202 Townsend St
5. Full Name of Mother Fanny Mellanson Tate
6. Mother's Maiden Name Fanny H Mellanson
7. Mother's Birthplace Charleston S Carolina
8. Full Name of Father James Edward Tate
9. Father's Occupation Merchant
10. Father's Birthplace Anne Rmd & Co Va
- Name of Medical Attendant, or other Person who makes this Return. J. H. D. Mendenhall M.D.
- Address 81 Read St
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 22369

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th
1. Sex (state whether Male or Female) Female -
2. Race or Color (if not of the white race) White -
3. Date of Birth December 15 - 1877 -
4. Place of Birth (Street and Number) 260 N. Carey St -
5. Full Name of Mother Isabelle Ronsaville -
6. Mother's Maiden Name Isabelle Havell -
7. Mother's Birthplace Washington, D. C.
8. Full Name of Father David W. Ronsaville
9. Father's Occupation Shirt Manufacturer -
10. Father's Birthplace Baltimore - Md.
Name of Medical Attendant, or other Person who makes this Return. John T. King - M.D.
Address 76. Edmondson Ave -
Remarks Birth Premature, being about 5 months - Lived 4 hours -
Arm Presentation -

That any physician, accoucheur, midwife, or other person in charge, who shall attend, advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22370

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *only child of mother*
1. Sex (state whether Male or Female) *female child*
2. Race or Color (if not of the white race) *Caucas. race*
3. Date of Birth *Dec the 15. 1877*
4. Place of Birth (Street and Number) *Chesnut Baltimore Md*
5. Full Name of Mother
6. Mother's Maiden Name *Anna Campher*
7. Mother's Birthplace *Larchester County Md*
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace
- Name of Medical Attendant, or other Person who makes this Return. *Louinda Woolford*
- Address *Register St 130 Baltimore Md*
- Remarks

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Child of Mother (state whether 1st, 2d, 3d, &c) *2nd*
(state whether Male or Female) *Male*
Race or Color (if not of the white race)
Date of Birth *Dec 15th 1877*
Place of Birth (Street and Number) *51 S. Calver St.*
Name of Mother *Ann E. Natto,*
Mother's Maiden Name *Wm. A. Henderson,*
Mother's Birthplace *Greenland,*
Name of Father *Joseph B. Natto*
Mother's Occupation *Housewife*
Mother's Birthplace *Baltimore*
Name of Medical Attendant, or other Person who makes this Return. *G. G. Rusk, M.D.*
Address *24 S. Calver St.*
Remarks *Delivered*



That any physician, accoucheur, midwife, or other person in charge, who shall receive notice of the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2237

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2 child*
1. Sex (state whether Male or Female) *female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *December 16th 1877*
4. Place of Birth (Street and Number) *Belair St 17 24*
5. Full Name of Mother *Christina Wapfel*
6. Mother's Maiden Name *" Kristner*
7. Mother's Birthplace *Balto Md*
8. Full Name of Father *Edward Wapfel*
9. Father's Occupation *Barber*
10. Father's Birthplace *Balto Md*
- Name of Medical Attendant, or other Person who makes this return *Mrs Rose W. C. W.*
- Address *48 Holland St.*
- Remarks

MISSING

22373 to 22418

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

December 18th 1877.

4. Place of Birth (Street and Number)

163 W. Lombard St.

5. Full Name of Mother

Lizzie May

6. Mother's Maiden Name

" "

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Emil Rupert

9. Father's Occupation

Storekeeper

10. Father's Birthplace

Richmond, Va.

Name of Medical Attendant, or other Person who makes this Return.

D^r. Wm. Gombel

Address

163 W. Lombard St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, as or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH.

22420

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th child
Male
White

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

Dec 19th 1877

4. Place of Birth (Street and Number)

67 Columbia St

5. Full Name of Mother

Mary Le Warfield

6. Mother's Maiden Name

Leitchman

7. Mother's Birthplace

Baltimore

8. Full Name of Father

William Warfield

9. Father's Occupation

Comm. Business

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Chas. Leitchman M.D.

Address

262 Madison St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



Name: Clifton M. Pardoe

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

14
Male
White
Dec. 28. 1877
307 Hanover st
Mary Pardoe
Mary Granger
Mad
William Pardoe
Machinist

Mad
H B Noble M.D.
17 Hanna av

That any physician, accoucheur, midwife, or other person in charge, who shall attend, or shall be
advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid,
within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children
born, its or their physical condition, whether still born or not, the full name, nativity, and residence of
the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

221-22

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race)
3. Date of Birth *Dec 18 1877*
4. Place of Birth (Street and Number) *8 Lomb St*
5. Full Name of Mother *Calvinna Dean*
6. Mother's Maiden Name *" Hall*
7. Mother's Birthplace *Baltimore Md*
8. Full Name of Father *Charles L. Dean*
9. Father's Occupation *hairdresser*
10. Father's Birthplace *Baltimore Md*
- Name of Medical Attendant, or other Person who makes this return *James M. Hughes*
- Address *222 Preston St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22423

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fifth*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Dec 19th 1877*
4. Place of Birth (Street and Number) *117 Herbert St. Mount Airy*
5. Full Name of Mother *Catharine Allen*
6. Mother's Maiden Name *Catharine Burke*
7. Mother's Birthplace *Canada*
8. Full Name of Father *Thomas S. Stokes*
9. Father's Occupation *Clerk*
10. Father's Birthplace *North Carolina*
- Name of Medical Attendant, or other Person who makes this Return. *Margaret Ettel*
- Address
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

224211-

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Dec. the 19th 1877*
4. Place of Birth (Street and Number) *55 Hauber St Locust Point*
5. Full Name of Mother *Bridget O Byrne*
6. Mother's Maiden Name *Bridget Burke*
7. Mother's Birthplace *Canada*
8. Full Name of Father *Patrick O Byrne*
9. Father's Occupation *Labour*
10. Father's Birthplace *Ireland*
- Name of Medical Attendant, or other Person who makes this Return. *Margaret Estel*
- Address *Locust Point*
- Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c) 2
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) _____
3. Date of Birth December 19th 1877
4. Place of Birth (Street and Number) 242 S. Sharp St
5. Full Name of Mother Mary A. Pittman
6. Mother's Maiden Name M. A. Holland
7. Mother's Birthplace Baltimore City
8. Full Name of Father Alonzo J. Pittman
9. Father's Occupation Mill Right
10. Father's Birthplace Newbern N.C.
Name of Medical Attendant, or other Person who makes this Return. Mariah Patten
Address 163 Mtgomery St
Remarks _____

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4 d.*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *December 19th 1877*
4. Place of Birth (Street and Number) *Brown Street. No 15.*
5. Full Name of Mother *Fanette King.*
6. Mother's Maiden Name *Fanette Meyers.*
7. Mother's Birthplace *Germany.*
8. Full Name of Father *Simon King.*
9. Father's Occupation *Store Keeper*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this return *Dorothea Buene*
- Address *114 Battery Ro*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22427

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth December 19. 1877
4. Place of Birth (Street and Number) 128. Battery ave
5. Full Name of Mother Melinda J. Catline
6. Mother's Maiden Name Feathears
7. Mother's Birthplace Baltimore
8. Full Name of Father Henry Catline
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Ann Nash
- Address
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22428

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 d.
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth December 19 d. 1874
4. Place of Birth (Street and Number) 212 Alvis Anstreet
5. Full Name of Mother Margret Friedrich
6. Mother's Maiden Name Margret Balcerus
7. Mother's Birthplace Baltimore
8. Full Name of Father Christian Friedrich
9. Father's Occupation Gold Worker
10. Father's Birthplace German
- Name of Medical Attendant, or other Person who makes this Return. Mr. R. Rudiger
- Address 134 Bond Street
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3^d*
1. Sex (state whether Male or Female) *Girl*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *December 19th 1877*
4. Place of Birth (Street and Number) *32 Elbow Lane*
5. Full Name of Mother *Mary Sumner*
6. Mother's Maiden Name
7. Mother's Birthplace *Baths City*
8. Full Name of Father *William James Sumner*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Baths City*
- Name of Medical Attendant, or other Person who makes this return *Rebecca Thomas*
- Address *71 Broadway Alley*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, advise or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22430

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Dec. 19/77

4. Place of Birth (Street and Number)

Bradford ally No. 41

5. Full Name of Mother

Mary Cappel

6. Mother's Maiden Name

" Geph

7. Mother's Birthplace

Germany

8. Full Name of Father

Lewis Cappel

9. Father's Occupation

Labourer

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Johanna Situtu

Address

Remarks

Midwife

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22431
22432

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 child of 1st
1. Sex (state whether Male or Female) one male and one female
2. Race or Color (if not of the white race) colored
3. Date of Birth th 14 Dec 1877
4. Place of Birth (Street and Number) 112 Thirteenth St
5. Full Name of Mother G. S. [unclear]
6. Mother's Maiden Name [unclear]
7. Mother's Birthplace Wilmington Del
8. Full Name of Father W. B. [unclear]
9. Father's Occupation Porter
10. Father's Birthplace Wilmington Del
- Name of Medical Attendant, or other Person who makes this Return. Dr. [unclear]
- Address 112 Thirteenth St
- Remarks infant died of [unclear]

That any physician, accoucheur, midwife, or other person in charge, who shall report to the registrar aforesaid, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22433

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

The 1st
Female
black

white

born on the 19th of Dec. 1891

N^o 815 West Balt St.

Barbara Brunner

Barbara Gieb
born in the City of Balto.

Michel Brunner

13 weeks

born in Bavaria Germany

Miss Heller

N^o 57 Smalwood St.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22434

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *19 December*
4. Place of Birth (Street and Number) *1400 Elliott St.*
5. Full Name of Mother *Maria Richa*
6. Mother's Maiden Name *Schilling*
7. Mother's Birthplace *Lochowitz*
8. Full Name of Father *Matthias Schilling*
9. Father's Occupation *Cabinet Maker*
10. Father's Birthplace *Prussia*
- Name of Medical Attendant, or other Person who makes this Return. *J. Conrad*
- Address *20 Barnes St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

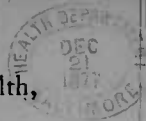


- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd child*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *Dec 14th* *11*
4. Place of Birth (Street and Number) *Moore ally 79* *11*
5. Full Name of Mother *Beauregard Johns*
6. Mother's Maiden Name *Beauregard Simmons*
7. Mother's Birthplace *Baltimore* *11*
8. Full Name of Father *George Simmons*
9. Father's Occupation *Master*
10. Father's Birthplace *Haverdegrace*
- Name of Medical Attendant, or other Person who makes this Return. *Charlotte Goldblough*
- Address *89 Moore Alley*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd Child*
1. Sex (state whether ~~Male~~ or Female)
2. Race or Color (if not of the white race) *White*
3. Date of Birth *December the 19, 1877*
4. Place of Birth (Street and Number) *N. Durham St. N^o 123.*
5. Full Name of Mother *Anna Ball*
6. Mother's Maiden Name *Anna Kutschneider*
7. Mother's Birthplace *Neufang. N. Baiern. Germany*
8. Full Name of Father *Charles Ball*
9. Father's Occupation *Butcher*
10. Father's Birthplace *Baltimore City*
- Name of Medical Attendant, or other Person who makes this return *Mary E. Muller*
- Address *N. Dallas St. N^o 26.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22437

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

19th of December

4. Place of Birth (Street and Number)

No. 96 Boyet St.

5. Full Name of Mother

Margaret Schick

6. Mother's Maiden Name

Duisenberg

7. Mother's Birthplace

Herzogenhausen Nassau

8. Full Name of Father

Henry Jacob Schick

9. Father's Occupation

Cooper

10. Father's Birthplace

Hesse Darmstadt

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Dumbler 60 Schuler

Address

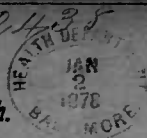
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born; its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



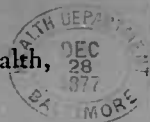
- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5
1. Sex (state whether Male or Female) Boy
2. Race or Color (if not of the white race) Collard
3. Date of Birth Dec 19/77
4. Place of Birth (Street and Number) 3 Stockdon St
5. Full Name of Mother Jane Neal
6. Mother's Maiden Name Jane Edwards
7. Mother's Birthplace in Baltimore Md
8. Full Name of Father John Neal
9. Father's Occupation laborer
10. Father's Birthplace West river
- Name of Medical Attendant, or other Person who makes this Return Charlotte Proctor
- Address No 10 Carlton St
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

12439

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

3. Date of Birth

Dec 19th - 77

4. Place of Birth (Street and Number)

11 West St

5. Full Name of Mother

Louisa Boman

6. Mother's Maiden Name

Schmidt

7. Mother's Birthplace

Baltimore Md

8. Full Name of Father

John Boman

9. Father's Occupation

Baker

10. Father's Birthplace

Baltimore Md

Name of Medical Attendant, or other Person who makes this return

Annie Boman

Address

220 West St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22440

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female) *male*

2. Race or Color (if not of the white race) *white*

3. Date of Birth *December 20th 1877*

4. Place of Birth (Street and Number) *Pratt st 439.*

5. Full Name of Mother *Mary J. Fell*

6. Mother's Maiden Name *X X X*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *Thomas Uppercue*

9. Father's Occupation *stone cutter*

10. Father's Birthplace *X X X*

Name of Medical Attendant, or other Person who makes this Return. *Mrs Leeback*

Address *439 West Pratt St*

Remarks

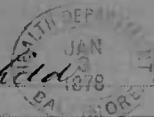
That any physician, accoucheur, midwife, or other person in charge, who shall attend a birth or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2,214-1

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First Child*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Color white) Race German*
3. Date of Birth *December 28th 1877*
4. Place of Birth (Street and Number) *179. N. Caroline Street*
5. Full Name of Mother *Sophia Miller*
6. Mother's Maiden Name *Sophia Rhodennayer*
7. Mother's Birthplace *Balt. Md*
8. Full Name of Father *Jno. R. Miller*
9. Father's Occupation *Box Tender*
10. Father's Birthplace *Balt. Md*
- Name of Medical Attendant, or other Person who makes this Return. *Mary A. Balt*
- Address *No 181 N. Central St*
- Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22442

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



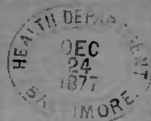
- No. of Child of Mother (state whether 1st, 2d, 3d, &c) *Second*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *December 20th. 1877*
4. Place of Birth (Street and Number) *No 24 N. Chaple st.*
5. Full Name of Mother *Sabra Wilhelm*
6. Mother's Maiden Name *Sabra Davis*
7. Mother's Birthplace *Baltimore Md*
8. Full Name of Father *Charles Wilhelm*
9. Father's Occupation *Labour*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *W. M. F. Fuchs*
- Address *No 185 cor Central & Grand Avenue St.*
- Remarks *All well*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

224113

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second
1. Sex (state whether Male or Female) Boy
2. Race or Color (if not of the white race) Brown Skin
3. Date of Birth 20th
4. Place of Birth (Street and Number) 140 Oxford st
5. Full Name of Mother Marget Helburn Truman
6. Mother's Maiden Name Marget Helburn
7. Mother's Birthplace Accomac co Virginia
8. Full Name of Father Charles Truman
9. Father's Occupation ~~Baltimore~~ Calver
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Lydia Somerville
- Address 13 Clinton Avenue
- Remarks

That any physician, accouchour, midwife, or other person in charge, who shall attend, nurse, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, be or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

224414

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Sixth*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Negro*
3. Date of Birth *December 20th 1872*
4. Place of Birth (Street and Number) *7 Bethel Ct*
5. Full Name of Mother *Mary Thomas*
6. Mother's Maiden Name *Harri*
7. Mother's Birthplace *Baltimore City*
8. Full Name of Father *James Thomas*
9. Father's Occupation *Oyster Schucker*
10. Father's Birthplace *Baltimore City*

Name of Medical Attendant, or other Person who makes this Return.

Address *107 N. Friend St*

Remarks

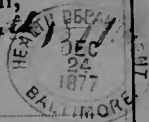
Jno Glover M.D.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

221445

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *December 20th 1877*
4. Place of Birth (Street and Number) *No 259 Lombert Street*
5. Full Name of Mother *Louisa Lang*
6. Mother's Maiden Name *Louisa Mueller*
7. Mother's Birthplace *Germania*
8. Full Name of Father *John Lang*
9. Father's Occupation *Baker*
10. Father's Birthplace *Germania*
- Name of Medical Attendant, or other Person who makes this return *Mrs. Amos*
- Address *No 137 S. Wolf St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22446

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

DEC 22 1877
MORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*
1. Sex (state whether Male or Female) *A female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *20th of December 1877.*
4. Place of Birth (Street and Number) *260 East Fayette St*
5. Full Name of Mother *Annie Mary Golder*
6. Mother's Maiden Name *Annie Mary Stokert*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Joseph Stokert*
9. Father's Occupation *Knapper*
10. Father's Birthplace *Germany*
Name of Medical Attendant, or other Person who makes this return *Residentia Gumbel*
Address *71 North Chappell St 10 John Street*
Remarks *Healthy*

That any physician, accoucheur, midwife, or other person attending, or advising at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

221447

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd child
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth December 20 - 1877
4. Place of Birth (Street and Number) No. 4 Stirling Street
5. Full Name of Mother Annie Sheridan
6. Mother's Maiden Name Annie Sheridan
7. Mother's Birthplace New York
8. Full Name of Father James McEligau
9. Father's Occupation Wagon Driver
10. Father's Birthplace Not known
Name of Medical Attendant, or other Person who makes this Return. J. Edwin Whitford M.D.
Address #440 E. Chase Street
Remarks Physical condition. Judging at present

good

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22445

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

First
Female

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

Wife

3. Date of Birth

Twentieth of December

4. Place of Birth (Street and Number)

305 West Pratt St

5. Full Name of Mother

Miss Annie Laux

6. Mother's Maiden Name

Miss Annie Heck

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Mr. Ferdinand Laux

9. Father's Occupation

Piano Maker

10. Father's Birthplace

Europe

Name of Medical Attendant, or other Person who makes this Return.

Miss Fisher

Address

33 Howard St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22,449

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st
female

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

December 20th 1877

4. Place of Birth (Street and Number)

52 Baltimore Str

5. Full Name of Mother

Theresa Brogan

6. Mother's Maiden Name

Theresa Kegg

7. Mother's Birthplace

United States

8. Full Name of Father

Frank Jager

9. Father's Occupation

Miller

10. Father's Birthplace

United States

Name of Medical Attendant, or other Person who makes this return

Laura Carter

Address

52 E. Lombard Str

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22430

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

3. Date of Birth

December 20, 1877

4. Place of Birth (Street and Number)

4 Canal St

5. Full Name of Mother

Lizzie Perry

6. Mother's Maiden Name

Lizzie M. Long

7. Mother's Birthplace

Ireland

8. Full Name of Father

George Perry

9. Father's Occupation

Laborer

10. Father's Birthplace

Ireland

Name of Medical Attendant, or other Person who makes this return

Samuel Cooper

Address

52 E Lombard St

Remarks

That any physician, accouchour, midwife, or other person in charge, who shall deliver, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

221451

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

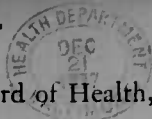


- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th Child*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *21st December 1897*
4. Place of Birth (Street and Number) *No. 30 Anthony St.*
5. Full Name of Mother *Rosany Lenker Wellman*
6. Mother's Maiden Name *Rosany Lenker*
7. Mother's Birthplace *Bohemia*
8. Full Name of Father *John Wellman*
9. Father's Occupation *Merchant Tailor*
10. Father's Birthplace *Bohemia*
- Name of Medical Attendant, or other Person who makes this Return. *Mary A. Gutt*
- Address *No 181 N. Central St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

December 21st 1877

4. Place of Birth (Street and Number)

163 W. Lombard St.

5. Full Name of Mother

Mary Barry

6. Mother's Maiden Name

Penna

7. Mother's Birthplace

8. Full Name of Father

Unknown

9. Father's Occupation

" "

10. Father's Birthplace

" "

Name of Medical Attendant, or other Person who makes this return

Dr. Wm. Gombel
163 W. Lombard St.

Address

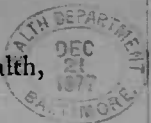
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22453

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *December 21st 1877*
4. Place of Birth (Street and Number) *163 W. Lombard St. (Maternity)*
5. Full Name of Mother *Ella Talbott*
6. Mother's Maiden Name *" "*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Highland Willier*
9. Father's Occupation *Driver*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this return *D. H. Lombel*
- Address *163 W. Lombard St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

224511

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3.*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *21st December 1877*
4. Place of Birth (Street and Number) *Bell Air Av near Cemetery*
5. Full Name of Mother *Anny Krüger*
6. Mother's Maiden Name *Anny Fisher*
7. Mother's Birthplace *Prussia*
8. Full Name of Father *Emm. Krüger*
9. Father's Occupation *Tanner*
10. Father's Birthplace *Prussia*
- Name of Medical Attendant, or other Person who makes this Return. *Mary Ann Perle*
- Address *518, N. Central Av*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22455

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

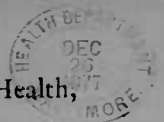


- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 21st December 1877
4. Place of Birth (Street and Number) 18 Carson Street
5. Full Name of Mother Mary A. M. Pitzinger
6. Mother's Maiden Name Mary A. M. Pitzinger
7. Mother's Birthplace Baltimore Md.
8. Full Name of Father Joseph Pitzinger
9. Father's Occupation Butcher
10. Father's Birthplace Edinboro City Md.
- Name of Medical Attendant, or other Person who makes this Return. Samuel L. Byrd
- Address 137 Baltimore Ave.
- Remarks Natural labor with instrumental assistance
Mother & child doing well.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22456 *See*



To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name: *Jacob Hughes Jr.*
 No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3*
 1. Sex (state whether Male or Female) *Male*
 2. Race or Color (if not of the white race) *White*
 3. Date of Birth *21 December*
 4. Place of Birth (Street and Number) *No. 93 Caroline St.*
 5. Full Name of Mother *Karoline Hughes*
 6. Mother's Maiden Name *Ebaley*
 7. Mother's Birthplace *Garrison*
 8. Full Name of Father *Jacob (Jakob) Hughes*
 9. Father's Occupation *Carpenter*
 10. Father's Birthplace *Garrison*
 Name of Medical Attendant, or other Person who makes this return *Sophia Simon*
 Address *No. 70 Granby Street*
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist in, or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

221457



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) Boy

2. Race or Color (if not of the white race) Colored

3. Date of Birth Dec 21 1877

4. Place of Birth (Street and Number) 1867 Burgunda Alley

5. Full Name of Mother Elizabeth Dorsey

6. Mother's Maiden Name

7. Mother's Birthplace Balto City

8. Full Name of Father Frank Dorsey

9. Father's Occupation Sailor

10. Father's Birthplace Balto City

Name of Medical Attendant, or other Person who makes this return

Address

Remarks

Yeboah Thomas
11 Burgunda Alley

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist in, advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

22455
HEALTH J
DEC
29
1877
MORE

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1 child*
1. Sex (state whether Male or Female) *female*
2. Race or Color (if not of the white race) *Jewish race*
3. Date of Birth *December 21st 1877*
4. Place of Birth (Street and Number) *Eden St # 131*
5. Full Name of Mother *Sabra Rosenholz*
6. Mother's Maiden Name *" Rosenholz*
7. Mother's Birthplace *Polen Europe*
8. Full Name of Father *John Rosenholz*
9. Father's Occupation *Reddick*
10. Father's Birthplace *Polen Europe*
- Name of Medical Attendant, or other Person who makes this return *Mrs Rose Ulls*
- Address *48 Holland St. City*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, or be present at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

223739



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth December 21st 1877

4. Place of Birth (Street and Number) Central Avenue 377

5. Full Name of Mother Esther Russell

6. Mother's Maiden Name Smith

7. Mother's Birthplace Hessen & Gump

8. Full Name of Father Frederick Russell

9. Father's Occupation Police

10. Father's Birthplace Hessen & Gump

Name of Medical Attendant, or other Person who makes this return Mrs Rose Kelly

Address 44 Howard St. City

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22460

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

6th

1. Sex (state whether Male or Female)

female

2. Race or Color (if not of the white race)

+

3. Date of Birth

21 Feb 1877

4. Place of Birth (Street and Number)

Washington St. near Belair Road

5. Full Name of Mother

Christina Fuchs

6. Mother's Maiden Name

Christina Fuchs

7. Mother's Birthplace

Frankfurt (Germany)

8. Full Name of Father

Robert August Fuchs

9. Father's Occupation

Labourer

10. Father's Birthplace

Baltimore

Name of Medical Attendant,

or other Person who makes this Return.

Dr. W. H. M. M. M. M.

Address

122 Bell St Baltimore

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall deliver, with-
advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid,
within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children
born, its or their physical condition, whether still born or not, the full name, nativity, and residence
of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2 Second.*
1. Sex (state whether Male or Female) *Male.*
2. Race or Color (if not of the white race) *White.*
3. Date of Birth *21. December, 1877*
4. Place of Birth (Street and Number) *61. Cambridge.*
5. Full Name of Mother *Mary Brown.*
6. Mother's Maiden Name *Mary Winkam.*
7. Mother's Birthplace *~~Baltimore~~ Baltimore*
8. Full Name of Father *Charles Brown.*
9. Father's Occupation *Seabor.*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Louisa Wiley.*
- Address *N. E. Patom. Park-arnew*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Female.*
2. Race or Color (if not of the white race) _____
3. Date of Birth *Dec. 26th 1877*
4. Place of Birth (Street and Number) *2 S. Wash. St.*
5. Full Name of Mother *Henry C. Kallfus*
6. Mother's Maiden Name *" " Cienberg,*
7. Mother's Birthplace *Balt. Md.*
8. Full Name of Father *John O. Kallfus*
9. Father's Occupation *Plasterer*
10. Father's Birthplace *Balt. Md.*
- Name of Medical Attendant, or other Person who makes this Return. *G. G. Rusk M. D.*
- Address *Balt. Wash. St.*
- Remarks *Natural*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3 d.*
1. Sex (state whether Male or Female) *Female.*
2. Race or Color (if not of the white race)
3. Date of Birth *December 21st, 1877.*
4. Place of Birth (Street and Number) *Light Street No 561.*
5. Full Name of Mother *Catherina Fleckenstein*
6. Mother's Maiden Name *Catherina Walpert.*
7. Mother's Birthplace *Germany.*
8. Full Name of Father *Sebastian Fleckenstein.*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Germany*
Name of Medical Attendant, or other Person who makes this return *Dorothea Brune*
Address *114 Battery Dr*
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22464

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Eight child

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Dec 21st 1877

4. Place of Birth (Street and Number)

No. 5 - Park Ave.

5. Full Name of Mother

Susan Lane

6. Mother's Maiden Name

Susan Boston

7. Mother's Birthplace

Baltimore, Md.

8. Full Name of Father

Thomas Lane

9. Father's Occupation

Laborer

10. Father's Birthplace

Baltimore, Md.

Name of Medical Attendant, or other Person who makes this return

J. H. Mox. M.D.

Address

154 - Penn. Ave. Balto.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22465

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth December 1 1877
4. Place of Birth (Street and Number) No. 131 Saratoga
5. Full Name of Mother Emil Rakot
6. Mother's Maiden Name King
7. Mother's Birthplace Baltimore
8. Full Name of Father Henry Rakot
9. Father's Occupation Black Mariner
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this return Elizabeth Schmitt
- Address 476 Penna Ave
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar forthwith, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH. 22466

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd,
1. Sex (state whether Male or Female) Male,
2. Race or Color (if not of the white race) White,
3. Date of Birth Dec 21, 1877,
4. Place of Birth (Street and Number) 755 Madison Ave.,
5. Full Name of Mother Agatha Hammon,
6. Mother's Maiden Name Agatha Hasenpfeffer,
7. Mother's Birthplace Germany,
8. Full Name of Father John Anthony Hammon,
9. Father's Occupation Taylor,
10. Father's Birthplace Germany.
- Name of Medical Attendant, or other Person who makes this Return. Dr H. P. Morgan,
- Address 175 Saratoga St.,
- Remarks _____

That any physician, accoucheur, midwife, or other person in and about the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22467

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4. Third
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 21st 4th Dec 1894
4. Place of Birth (Street and Number) No. 54 Lane 1st St.
5. Full Name of Mother Sarah J. Mac
6. Mother's Maiden Name Sarah J. Mac
7. Mother's Birthplace Baltimore City
8. Full Name of Father John H. Mac
9. Father's Occupation Whaler
10. Father's Birthplace Eastern
- Name of Medical Attendant, or other Person who makes this Return Dorrell
- Address William 100 20 Front St.
- Remarks Child still living 1894

RETURN OF A BIRTH. 22468

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of Child of Mother (state whether 1st, 2d, 3d, &c.) *one*
sex (state whether Male or Female) *female*
Race or Color (if not of the white race) *white race*
Date of Birth *Dec 16 21*
Place of Birth (Street and Number) *Baltimore Johnson St 286*
Name of Mother *Sena Buckhite*
Mother's Maiden Name *Sena Feldner*
Mother's Birthplace *Germany*
Full Name of Father *Peter Buckhite*
Father's Occupation *carpenter*
Father's Birthplace *Germany*
Name of Medical Attendant, or other Person who
makes this Return. *Elizabeth Hahn*
Address *No 6 Fort St*
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22469

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race)
3. Date of Birth December 21st 1877
4. Place of Birth (Street and Number) 133 E. W. St.
5. Full Name of Mother Barbara Horax
6. Mother's Maiden Name Barbara Linker
7. Mother's Birthplace Bohemian
8. Full Name of Father John Horax
9. Father's Occupation Tailor
10. Father's Birthplace Bohemia
- Name of Medical Attendant, or other Person who makes this return Sarah Linker
- Address 32 E. Lombard St.
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22470

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex (state whether Male or Female)

female

2. Race or Color (if not of the white race)

3. Date of Birth

December 21, 1877

4. Place of Birth (Street and Number)

44 Allen St

5. Full Name of Mother

Elizabeth Gaylor

6. Mother's Maiden Name

Elizabeth Henshaw

7. Mother's Birthplace

United States

8. Full Name of Father

W. J. Gaylor

9. Father's Occupation

Ship Carpenter

10. Father's Birthplace

United States

Name of Medical Attendant, or other Person who makes this return

Sarah Gaylor

Address

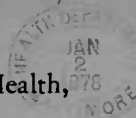
52 E Lombard St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22471



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2^d
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Dec 22nd 1877
4. Place of Birth (Street and Number) Cross St 418.
5. Full Name of Mother James Henry James Henry
6. Mother's Maiden Name Henken
7. Mother's Birthplace Balto.
8. Full Name of Father Henry Henry
9. Father's Occupation Glass Blower
10. Father's Birthplace Balto
- Name of Medical Attendant, or other Person who makes this return Mary K. K. K.
- Address 325 Chas St
- Remarks

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d.

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth December 22nd 1877

4. Place of Birth (Street and Number) W. 1st St. No. 8

5. Full Name of Mother Edward W. Wagon

6. Mother's Maiden Name Edwards

7. Mother's Birthplace High Merry, Pitt County

8. Full Name of Father Louis Stephen Wagon

9. Father's Occupation Labourer

10. Father's Birthplace Pittsburg, Pa.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Scumblers

Address 60 North

Remarks Schroter

That any physician, accoucheur, midwife, or other person in charge, of the birth of a child, shall report to the Registrar aforesaid, advise at the birth of any child, within the City of Baltimore, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22473

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1d.
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth December 22 1877
4. Place of Birth (Street and Number) 1 Holkenstreet
5. Full Name of Mother Littie Schierer
6. Mother's Maiden Name Lena Haier
7. Mother's Birthplace Baltimore
8. Full Name of Father Friedrich Schierer
9. Father's Occupation Cabinet maker
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this return Marie R. Rudiger
- Address 114 S. Bond street
- Remarks

That any physician, accoucheur, midwife, or other person in attendance, at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

B 3rd

Male

White

22nd of Dec 1877

No. 41. Sterling St.

Mary Cith

Mary Everbeck

Baltimore City

George S. Cith

Printer

Baltimore City

Jay Walker

20 N. Caroline

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22475



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether Male or Female) *male*

2. Race or Color (if not of the white race) *White race*

3. Date of Birth *December 22nd 1877*

4. Place of Birth (Street and Number) *Jackson St 15*

5. Full Name of Mother *Anna M. Plumbhoff*

6. Mother's Maiden Name *" " Osterman*

7. Mother's Birthplace *Baltimore Md*

8. Full Name of Father *Henry E. Plumbhoff*

9. Father's Occupation *Trimmer*

10. Father's Birthplace *Baltimore Md*

Name of Medical Attendant, or other Person who makes this return *Mrs Rose Kellog*

Address *48 H. Canal St City*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

110236

RETURN OF A BIRTH.

224-76

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

white

3. Date of Birth

Feb. 22, 1877

4. Place of Birth (Street and Number)

2 Schappell St. No. 118

5. Full Name of Mother

Maize Hegerwald

6. Mother's Maiden Name

Pried

7. Mother's Birthplace

Drammensbach, Bremen

8. Full Name of Father

Friedrich Hegdewald

9. Father's Occupation

Cigar-maker

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this return

Mrs. J. Praupach

Address

2 Schappell St. No. 118

Remarks

W. Dwyer

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. 252.

RETURN OF A BIRTH.

22477

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1111*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *white*

3. Date of Birth *Dec. 22. 1877*

4. Place of Birth (Street and Number) *L. Schappell str No 96*

5. Full Name of Mother *Anna Pfeffer*

6. Mother's Maiden Name *Wiesner*

7. Mother's Birthplace *Friesen Beren*

8. Full Name of Father *Johann Pfeffer*

9. Father's Occupation *Wurst marker*

10. Father's Birthplace *Liegender Beren*

Name of Medical Attendant, or other Person who makes this return *W. J. Baupach*

Address *L. Welfs str No 98*

Remarks *W. J. Baupach*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11.250

RETURN OF A BIRTH.

22.11.75

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th*
 1. Sex (state whether Male or Female) *(Male)*
 2. Race or Color (if not of the white race) *white*
 3. Date of Birth *Dec. 22. 1877*
 4. Place of Birth (Street and Number) *W. Schappell Str No 128*
 5. Full Name of Mother *Phannee Bernspies*
 6. Mother's Maiden Name *Dehuster*
 7. Mother's Birthplace *Schellernsheim Bieren*
 8. Full Name of Father *Joseph Bernspies*
 9. Father's Occupation *Werkmeister*
 10. Father's Birthplace *120t Lippstadt Prussia*
 Name of Medical Attendant, or other Person who makes this return *Mrs. J. Bernspies*
 Address *27 Wolfstr No 28*
 Remarks *Wife*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, advise or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22479

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth December 22nd 1877

4. Place of Birth (Street and Number) 4317 Bond St.

5. Full Name of Mother Ernestina Kamka

6. Mother's Maiden Name Ernestina Hoff

7. Mother's Birthplace Germania

8. Full Name of Father Albert Kamka

9. Father's Occupation Laborer

10. Father's Birthplace Germania

Name of Medical Attendant, or other Person who makes this return

Wm. M. Brand.

Address 4317 Bond St.

Remarks

That any physician, apothecary, midwife, or other person in charge, who shall attend, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22480

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *December 22nd 1877*
4. Place of Birth (Street and Number) *No. 1 Burke Street*
5. Full Name of Mother *Mary Pratt*
6. Mother's Maiden Name *Mary Koenigslauer*
7. Mother's Birthplace *Germany*
8. Full Name of Father *John Pratt*
9. Father's Occupation *Ship Carpenter*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this return *Miss M. Samuel*
- Address *No. 132 S. Mifflin St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

221481

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th Child*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *Dec 22nd 1877*
4. Place of Birth (Street and Number) *1275 N. Charles St*
5. Full Name of Mother *Elise Matthei*
6. Mother's Maiden Name *Eckert*
7. Mother's Birthplace *Germany*
8. Full Name of Father *David Matthei*
9. Father's Occupation *Carpenter*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this return *J. Behrman midwife*
- Address *213 Cross St*
- Remarks

That any physician, accoucheur, midwife, or other person attending, within the City of Baltimore, shall report to the registrar aforesaid, advise at the birth of any child, within the City of Baltimore, shall distinctly the date of birth, sex, and color of the child or children within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

29489



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2 Second.*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *22. December 1877*
4. Place of Birth (Street and Number) *Port. alley. N^o 20*
5. Full Name of Mother *Lezzie. Vane.*
6. Mother's Maiden Name *Lezzie. Burget.*
7. Mother's Birthplace *Baltimore. Md.*
8. Full Name of Father *Louise Vane.*
9. Father's Occupation *Louise*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Lezzie. Wiley.*
- Address *112 Pardon Park and w.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, or be present at, the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22483

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second - Mar. 11*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Dec 22d 77*
4. Place of Birth (Street and Number) *188 Penna Avenue Baltimore*
5. Full Name of Mother *Mary Fennette Cathcart*
6. Mother's Maiden Name *" " Gilbert*
7. Mother's Birthplace *Westmoreland County, Virginia*
8. Full Name of Father *Henry Cathcart*
9. Father's Occupation *Machinist*
10. Father's Birthplace *Burlington County New Jersey*
Name of Medical Attendant, or other Person who makes this return *L. H. Fox M.D.*
Address *154 Penna Avenue*
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22484



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5 d.*
1. Sex (state whether Male or Female) *Male.*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *December 22^d 1877.*
4. Place of Birth (Street and Number) *Port Street No 49.*
5. Full Name of Mother *Mary S. Thompson*
6. Mother's Maiden Name *Mary S. Sprung*
7. Mother's Birthplace *Carroll County. Md.*
8. Full Name of Father *Geoffen Thompson*
9. Father's Occupation *Engineer*
10. Father's Birthplace *Fredricks County Md.*
- Name of Medical Attendant, or other Person who makes this return *Dorothea Brune*
- Address *114 Battery St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

22485

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *6th*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Dec 22d 1877*
4. Place of Birth (Street and Number) *300 Franklin*
5. Full Name of Mother *Laura Tucker*
6. Mother's Maiden Name *Laura Rosch*
7. Mother's Birthplace *Virginia*
8. Full Name of Father *E. B. Tucker*
9. Father's Occupation *Carpenter*
10. Father's Birthplace *Virginia*
Name of Medical Attendant, or other Person who makes this Return. *Dr W. P. Morgan*
Address *175 Sandtrap St*
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend at or advise at the birth of any child, within the City of Baltimore, shall report to the registrar, or registrar within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and age of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22486

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Third
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Colored
3. Date of Birth the 22 of December 1877
4. Place of Birth (Street and Number) No 93 Spring Street
5. Full Name of Mother Martha Eastman
6. Mother's Maiden Name Martha Green
7. Mother's Birthplace Boston County
8. Full Name of Father Benjamin Eastman
9. Father's Occupation Printer My Trade
10. Father's Birthplace Easton Mass
- Name of Medical Attendant, or other Person who makes this Return. W. H. Thayer M.D.
- Address 1111 1/2 N. E. Ave
- Remarks Born within 10 to 12 hours after

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar, hereinafter, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22487

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex (state whether Male or Female)

male

2. Race or Color (if not of the white race)

3. Date of Birth

Dec 22 1877

4. Place of Birth (Street and Number)

85 Lombard St.

5. Full Name of Mother

Eliza Wenger

6. Mother's Maiden Name

Eliza Latz

7. Mother's Birthplace

United States

8. Full Name of Father

Jacob Wenger

9. Father's Occupation

Machineist

10. Father's Birthplace

United States

Name of Medical Attendant, or other Person who makes this return

Sarah Barker

Address

526 Lombard St.

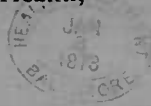
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22,488

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

3. Date of Birth

Dec 23^d 1877

4. Place of Birth (Street and Number)

110 12 N Chappel str.

5. Full Name of Mother

Theresa Shoebel

6. Mother's Maiden Name

Shieffer

7. Mother's Birthplace

Germany

8. Full Name of Father

Henry Shoebel

9. Father's Occupation

Tailor

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this return

Mrs. Elizabeth Buschmann
120 B and E str

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29489

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *Dec 23^d 1877*
4. Place of Birth (Street and Number) *No 67 Bank St*
5. Full Name of Mother *M Barbara Ochs*
6. Mother's Maiden Name *" Gerverein*
7. Mother's Birthplace *City*
8. Full Name of Father *Henry Ochs.*
9. Father's Occupation *legar Manufacturer*
10. Father's Birthplace *City*
- Name of Medical Attendant, or other Person who makes this return *Mrs Elizabeth Bushman*
- Address *1208 Bank St*
- Remarks

That any physician, accoucheur, midwife, or other person is obliged, within the City of Baltimore, to report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22-4-90

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

December 2nd 1897

4. Place of Birth (Street and Number)

238 N. Front St. Baltimore

5. Full Name of Mother

Elizabeth C. Miller

6. Mother's Maiden Name

Elizabeth C. Maxwell

7. Mother's Birthplace

Indiana

8. Full Name of Father

Joseph H. Miller

9. Father's Occupation

Mechanic

10. Father's Birthplace

Ireland

Name of Medical Attendant, or other Person who makes this Return.

J. Ridgway Emerson

Address

124 E. Baltimore St.

Remarks

That any physician, accoucheur, midwife, or other person to whom the registrar aforesaid, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22491

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *25th Dec 1877*
4. Place of Birth (Street and Number) *No. 270. E. Monument*
5. Full Name of Mother *Lizzie Swan*
6. Mother's Maiden Name *Lizzie Woodell*
7. Mother's Birthplace *Ireland - Baltimore City*
8. Full Name of Father *Samuel Swan*
9. Father's Occupation *Ireland - Blacksmith*
10. Father's Birthplace *Ireland*
- Name of Medical Attendant, or other Person who makes this Return *Mary Walters*
- Address *125 N. Canton St Baltimore City*
- Remarks

That any physician, accoucheur, midwife, or other person in attendance, shall report to the registrar aforesaid, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

1

Male

23 Dec 1877
103 E. Lombard St.

Margaretta Miller
Blair

Germany
John Miller

Teacher

Germany

Yorland Miller
151 E. Pratt St.

That any physician, accoucheur, midwife, or other person in charge, who shall attend any child born in the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH. 29493

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *23^d. December 1877*
4. Place of Birth (Street and Number) *108 Holden St*
5. Full Name of Mother *Emma Gehman*
6. Mother's Maiden Name *Emma Ducker*
7. Mother's Birthplace *Baltimore City*
8. Full Name of Father *James A. Gehman*
9. Father's Occupation *Merchant*
10. Father's Birthplace *Baltimore City*
Name of Medical Attendant, or other Person who makes this Return. *Thomas Sappington M.D.*
Address *70 Center St.*
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22494

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *December 2, 1877*
4. Place of Birth (Street and Number) *#46 Canton Ave*
5. Full Name of Mother *Annie Pfeiffer*
6. Mother's Maiden Name *Annie Heitzman*
7. Mother's Birthplace *Baltimore, Md*
8. Full Name of Father *John Pfeiffer*
9. Father's Occupation *Trainer*
10. Father's Birthplace *Baltimore Md*
Name of Medical Attendant, or other Person who makes this Return. *M. S. S. S. S.*
Address *25 S. Duhamel*
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22496



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Sixth.*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) _____
3. Date of Birth *December 23rd 1877*
4. Place of Birth (Street and Number) *No 38 Amity St.*
5. Full Name of Mother *Lydia Bennett*
6. Mother's Maiden Name *Lydia Rodensmayer*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *George W. Bennett*
9. Father's Occupation *Driver*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this return *Mrs Jane Winneberger*
- Address *No. 23 N. Liberty St.*
- Remarks _____

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

221497

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPT
DEC
23
1877
MORE

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Dec 23-1877
4. Place of Birth (Street and Number) 864 W Franklin St
5. Full Name of Mother Mary O Crawford
6. Mother's Maiden Name Maggies
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Thomas A Crawford
9. Father's Occupation Baltimore Md
10. Father's Birthplace Salisbury
- Name of Medical Attendant, or other Person who makes this Return. Dr. William H. ...
- Address of Mulberry St
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

721498

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth Child*
 1. Sex (state whether Male or Female) *1) - boy*
 2. Race or Color (if not of the white race) *White*
 3. Date of Birth *22nd of December 1877*
 4. Place of Birth (Street and Number) *11 S. North Chappel St*
 5. Full Name of Mother *Kate Fisher*
 6. Mother's Maiden Name *Kate Dim* *Buried 24th Dec*
 7. Mother's Birthplace *Baltimore* *St. Alphonsus Church*
 8. Full Name of Father *Ulrich Dim*
 9. Father's Occupation *Tailor* *Interred at Immaculate*
 10. Father's Birthplace *Germany* *Kocher 246*
 Name of Medical Attendant, or other Person who makes this return *Crescentia Funk*
 Address *7 S. North Chappel St*
 Remarks *Free born 11 days old 3 course spasms* *East Lomb*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20499

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4 d.*
1. Sex (state whether Male or Female) *Female.*
2. Race or Color (if not of the white race) _____
3. Date of Birth *December 23rd 1877*
4. Place of Birth (Street and Number) *Battery St. No 121.*
5. Full Name of Mother *Catherina Berry*
6. Mother's Maiden Name *Catherina Dickel*
7. Mother's Birthplace *Baltimore Md.*
8. Full Name of Father *Wilmer A. Berry.*
9. Father's Occupation *Clerk*
10. Father's Birthplace *Baltimore Md.*
- Name of Medical Attendant, or other Person who makes this return *Dr. George Prune*
- Address *114 Battery St.*
- Remarks _____

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22500

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th
Male

1. Sex (state whether Male or Female)

White

2. Race or Color (if not of the white race)

3. Date of Birth

Decr. 23^d / 77
Durham St No 205

4. Place of Birth (Street and Number)

5. Full Name of Mother

Eliza Amrein
Fisher

6. Mother's Maiden Name

7. Mother's Birthplace

Baltimore
Joseph Amrein
Blacksmith

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Whanna Schutte

Address

Remarks

Midwife

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return

Address

Remarks

4th
Male
White
Decr. 23^d / 77
Wolfe at No. 203
Cathern Bull
"Germ Kolb
Edmond Bull
Sailor
Holland
Johanne Schutte
Midwife

That any physician, accoucheur, midwife, or other person in charge, who shall advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22502

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The 3rd*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *born on the 23rd of Dec. 1877*
4. Place of Birth (Street and Number) *No 203 Frederick St.*
5. Full Name of Mother *Grace Foos*
6. Mother's Maiden Name *G. Brown*
7. Mother's Birthplace *born in the City of Balto.*
8. Full Name of Father *Christian Foos*
9. Father's Occupation *Carpenter*
10. Father's Birthplace *Country born*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Miller*
- Address *No 57 Malwood St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22503

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Dec. 24th 1877

4. Place of Birth (Street and Number)

Baltimore Portland St. No. 12

5. Full Name of Mother

Annie Gurner

6. Mother's Maiden Name

Gurner

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Martin Gurner

9. Father's Occupation

Seaman

10. Father's Birthplace

Ireland

Name of Medical Attendant, or other Person who makes this return

Mr. Catherine Mitchell

Address

No. 122 Portland St.

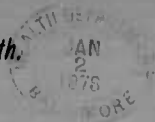
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22504

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *E. 2^d H.*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *24th of December 77*
4. Place of Birth (Street and Number) *531 Lexington St. Balto City*
5. Full Name of Mother *Ann Elizabeth Smith*
6. Mother's Maiden Name *Dabbs*
7. Mother's Birthplace *Baltimore County*
8. Full Name of Father *Bartholomew E. Smith*
9. Father's Occupation *Civil Court of Common Pleas*
10. Father's Birthplace *Baltimore City*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. J. J. [unclear]*
- Address *27 [unclear]*
- Remarks *27 [unclear]*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22505

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d.
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth December 24th 1877
4. Place of Birth (Street and Number) 227 S. Clarkham Street
5. Full Name of Mother Julia Henker
6. Mother's Maiden Name Julia Ritter
7. Mother's Birthplace Germany
8. Full Name of Father Wilhelm Henker
9. Father's Occupation Sizes Kremer
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this return Wm. R. Ruediger
- Address 134 Bond Street
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22506

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) Colored
3. Date of Birth 24
4. Place of Birth (Street and Number) 214 north Parkman st
5. Full Name of Mother Martha Middleton
6. Mother's Maiden Name Martha Harris
7. Mother's Birthplace Baltimore
8. Full Name of Father Robert Middleton
9. Father's Occupation Laborer
10. Father's Birthplace Charles Co
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Lewis John. 2221
- Address 11032 East St
- Remarks Healthy Child

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22507

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) colored
3. Date of Birth Dec 24
4. Place of Birth (Street and Number) 223 North Dallas St
5. Full Name of Mother Hester Hopkins
6. Mother's Maiden Name Hester Henry
7. Mother's Birthplace Baltimore
8. Full Name of Father Robert Hopkins
9. Father's Occupation Wagoner
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who make this Return. Dr. J. H. Jones
- Address 52 South St
- Remarks Healthy child

That any physician, accoucheur, midwife, or other person in charge, who shall attend, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22508

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7

1. Sex (state whether Male or Female)

Male.

2. Race or Color (if not of the white race)

White.

3. Date of Birth

Dec 24, 1877.

4. Place of Birth (Street and Number)

137 Pine St.

5. Full Name of Mother

Mary Adams

6. Mother's Maiden Name

Mary McHugh.

7. Mother's Birthplace

Ireland.

8. Full Name of Father

Patrick Adams

9. Father's Occupation

Laborer.

10. Father's Birthplace

Ireland.

Name of Medical Attendant, or other Person who makes this Return.

M. Salac, 439 West Pratt St.

Address

439

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *11 child - 12 child.*
 1. Sex (state whether Male or Female) *both males.*
 2. Race or Color (if not of the white race) *brown.*
 3. Date of Birth *Dec 24, 1877.*
 4. Place of Birth (Street and Number) *no 10 State St.*
 5. Full Name of Mother *Emma Poole.*
 6. Mother's Maiden Name *Junstall.*
 7. Mother's Birthplace *Danville Va.*
 8. Full Name of Father *Sylvester Hite Poole.*
 9. Father's Occupation *Railroad Porter.*
 10. Father's Birthplace *Baltimore Ind.*
 Name of Medical Attendant, or other Person who makes this Return. *Dr W. P. Morgan*
 Address *175 Broadway St.*
 Remarks *A case of twins both of which being immature died within a few hours of birth.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~)

1. Sex (~~state whether Male or Female~~)

2. Race or Color (~~if not of the white race~~)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Handwritten entries:
No. of Child of Mother: 1st
Sex: Male
Race or Color: White
Date of Birth: Dec 27 1897
Place of Birth: 1111 Market St.
Full Name of Mother: Sophia C. Walker
Mother's Maiden Name: Sophia C. Walker
Mother's Birthplace: Richmond, Va.
Full Name of Father: Amos F. Walker
Father's Occupation: Carpenter
Father's Birthplace: Sydney, N.Y.
Name of Medical Attendant: John R. Brown, M.D.
Address: City.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22519

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



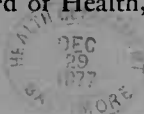
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *24 Dec*
4. Place of Birth (Street and Number) *Greenmount Ave*
5. Full Name of Mother *Mary Lynch*
6. Mother's Maiden Name *O'Kennedy*
7. Mother's Birthplace *Ireland*
8. Full Name of Father *Michel Lynch*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Ireland*
Name of Medical Attendant, or other Person who makes this return *Mrs. A. F. Chapman*
Address *No 9 Forrest Place*
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22513

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

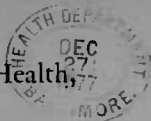


- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first*
1. Sex (state whether ~~Male~~ or Female) *Female*
2. Race or Color (if not of the white race) *Black*
3. Date of Birth *Dec 24 1877*
4. Place of Birth (Street and Number) *15 Claret ally*
5. Full Name of Mother *Lizzie Davis*
6. Mother's Maiden Name *Lizzie Davis*
7. Mother's Birthplace *Baltimore Ct*
8. Full Name of Father *George Palmer*
9. Father's Occupation *Water*
10. Father's Birthplace *Baltimore City*
- Name of Medical Attendant, or other Person who makes this return *Lizzie Davis*
- Address *15 Claret ally*
- Remarks *lived 24 days and was buried by the City*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22514



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 24 Decemr
4. Place of Birth (Street and Number) 97 Spring Street
5. Full Name of Mother Christine Binger
6. Mother's Maiden Name Shoeman
7. Mother's Birthplace Baltimore
8. Full Name of Father John Binger
9. Father's Occupation None
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this return Sophia Simon
- Address No 70 Granby St
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 1111
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 24 December
4. Place of Birth (Street and Number) 104 4 High Street
5. Full Name of Mother Minnie Burkholder
6. Mother's Maiden Name Emmerich
7. Mother's Birthplace Germany
8. Full Name of Father Lambert Burkholder
9. Father's Occupation Baker
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this return Sophia Simon
- Address No 80 Grady Street
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who may be present at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22516

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second, Child.*
1. Sex (state whether Male or Female) *Male.*
2. Race or Color (if not of the white race) _____
3. Date of Birth *the 24th of December, 1877.*
4. Place of Birth (Street and Number) *No. 375 West Lombard, St. Balt.*
5. Full Name of Mother *Mary Schmidt.*
6. Mother's Maiden Name *" Long.*
7. Mother's Birthplace *Baltimore, Md.*
8. Full Name of Father *John, Casper, Schmidt.*
9. Father's Occupation *Confectionery.*
10. Father's Birthplace *Hessen.*
- Name of Medical Attendant, or other Person who makes this Return. *Anne Lindner.*
- Address *No 43 Monroe St.*
- Remarks _____

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22577

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)
2. Race or Color (if not of the white race)
3. Date of Birth
4. Place of Birth (Street and Number)
5. Full Name of Mother
6. Mother's Maiden Name
7. Mother's Birthplace
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace

Female

White

Dec 24 1877

2 Leaph St

Elizabeth Cretz

Elizabeth Decourney

Green Ann. Co.

Augustus M. Cretz

Laborer

Balt

Theodore Cretz M.D.

Name of Medical Attendant, or other Person who makes this return

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22578

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Dec 24, 1877

4. Place of Birth (Street and Number)

226 B. Howard St

5. Full Name of Mother

Minnie Ferguson

6. Mother's Maiden Name

Minnie Pyles

7. Mother's Birthplace

Baltimore

8. Full Name of Father

James P. Ferguson

9. Father's Occupation

Conductor on Cars

10. Father's Birthplace

Ireland

Name of Medical Attendant, or other Person who makes this return

Theodore Cooke M.D.

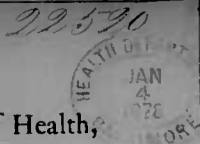
Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth December 24th 1877

4. Place of Birth (Street and Number) No 7 S. Caroline St

5. Full Name of Mother Emma Thompson

6. Mother's Maiden Name Forslow

7. Mother's Birthplace City

8. Full Name of Father Charles Thompson

9. Father's Occupation Butcher

10. Father's Birthplace City

Name of Medical Attendant, or other Person who makes this return Wm. Elizabeth Bushman

Address 120 Bank St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this return

Address

Remarks

Dec. 24 1877 White

No. 29 Mc. Donough, St.

Lizzie Fryer
Lizzie Thompson
Baltimore

William Fryer
Brass Finisher
Baltimore

Oena Gillquist
No 182 East Monument St

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22522

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether Male or Female) *Girl*
2. Race or Color (if not of the white race) *Brown skin*
3. Date of Birth *24 December*
4. Place of Birth (Street and Number) *No 76 Dexter St*
5. Full Name of Mother *Fizzie Woot*
6. Mother's Maiden Name
7. Mother's Birthplace *Capton Shore Md*
8. Full Name of Father *George Hays*
9. Father's Occupation *Walter*
10. Father's Birthplace *Baltimore Md*
- Name of Medical Attendant, or other Person who makes this Return. *Harriet Willmore*
- Address *McKim St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22523

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race)
3. Date of Birth *Dec 24. 1877*
4. Place of Birth (Street and Number) *227 N. Calver St*
5. Full Name of Mother *Mary B. Riley*
6. Mother's Maiden Name *Mary B. Davis*
7. Mother's Birthplace *Bucks Co. Md.*
8. Full Name of Father *Joseph W. Riley*
9. Father's Occupation *Cannemaker*
10. Father's Birthplace *Balt. Md.*
Name of Medical Attendant, or other Person who makes this return *C. Mary A. Allwell*
Address *286 McEldrough St*
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH.

225211

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race) wht

3. Date of Birth 24 Dec 1897

4. Place of Birth (Street and Number) 182 Penna ave

5. Full Name of Mother G Ella Burn

6. Mother's Maiden Name " " Barnett

7. Mother's Birthplace N. Y.

8. Full Name of Father David Burk

9. Father's Occupation ice dealer

10. Father's Birthplace Md

Name of Medical Attendant, or other Person who makes this Return.

Chas Stanley Hill

Address

129 Woodale St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22525

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Dec 24 - 1877

4. Place of Birth (Street and Number)

257 E Biddle St

5. Full Name of Mother

Emma Scholze

6. Mother's Maiden Name

Scholze

7. Mother's Birthplace

New Berlin Pr

8. Full Name of Father

John G. Scholze

9. Father's Occupation

Lawyer

10. Father's Birthplace

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Wm. K. Scholze

Address

27 Mulberry St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22526

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *The first child*
1. Sex (state whether Male or Female) *Male child*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth
4. Place of Birth (Street and Number) *No 337 S Howard street*
5. Full Name of Mother *Mary*
6. Mother's Maiden Name *Mary H Johnson*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *John Albert Greadit*
9. Father's Occupation *Drumman*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *July Jane Spence*
- Address *314 S Howard st*
- Remarks *Dead with Spence*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22527

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*

1. Sex (state whether Male or Female) *male*

2. Race or Color (if not of the white race)

3. Date of Birth *December 24th 1877*

4. Place of Birth (Street and Number) *30 Eastern Ave.*

5. Full Name of Mother *Loa Simpson*

6. Mother's Maiden Name *Loa Schwartz*

7. Mother's Birthplace *U. S. State*

8. Full Name of Father *Joseph Simpson*

9. Father's Occupation *Retiree*

10. Father's Birthplace *United States*

Name of Medical Attendant, or other Person who makes this return *Lura C. Baker*

Address *52 E. Lombard St.*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 22528

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1st
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) colored
3. Date of Birth 25th December 1877
4. Place of Birth (Street and Number) No 4 St James court.
5. Full Name of Mother Martha Scott
6. Mother's Maiden Name Martha Scott.
7. Mother's Birthplace Baltimore
8. Full Name of Father Unknown
9. Father's Occupation Unknown
10. Father's Birthplace Unknown
- Name of Medical Attendant, or other Person who makes this Return. Mrs. A. F. Gault
- Address 185 Central Ave or Monument St.
- Remarks All well

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22529



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Colored
3. Date of Birth Dec 25th 1877
4. Place of Birth (Street and Number) Eutaw Street
5. Full Name of Mother Elizabeth Robinson
6. Mother's Maiden Name Annie Arundell Co
7. Mother's Birthplace Christopher Robinson
8. Full Name of Father Porter
9. Father's Occupation Va.
10. Father's Birthplace Annie Duffey
Name of Medical Attendant, or other Person who makes this Return. 17 Little Monument
Address
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22530

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex (state whether Male or Female) male
 2. Race or Color (if not of the white race) Jewish now
 3. Date of Birth December 25th 1877
 4. Place of Birth (Street and Number) Broadway H 210
 5. Full Name of Mother Matilda Whitcomb
 6. Mother's Maiden Name Laupheimer
 7. Mother's Birthplace Balto. Md
 8. Full Name of Father Isaac Whitcomb
 9. Father's Occupation Shoemaker
 10. Father's Birthplace Ohio
- Name of Medical Attendant, or other Person who makes this return Mrs Rose Volby
- Address 48 Holladay St.
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22531

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

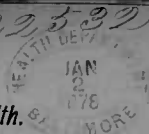


- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Dec 25 1875*
4. Place of Birth (Street and Number) *Dec 25 Perry 77*
5. Full Name of Mother *Detcher*
6. Mother's Maiden Name *Baltimore*
7. Mother's Birthplace *Hemp Perry*
8. Full Name of Father *Ingwersen Clerk*
9. Father's Occupation *Baltimore*
10. Father's Birthplace *Mary Abolt*
- Name of Medical Attendant, or other Person who makes this return *328*
- Address *South Enoch St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third -*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *African Race*
3. Date of Birth *December 25th 1877*
4. Place of Birth (Street and Number) *19 Jessier St*
5. Full Name of Mother *Olivia Thompson*
6. Mother's Maiden Name *Olliver*
7. Mother's Birthplace *Carroll Co. Md.*
8. Full Name of Father *John Henry Thompson*
9. Father's Occupation *Coachman*
10. Father's Birthplace *Carroll Co. Md -*
- Name of Medical Attendant, or other Person who makes this Return. *Louis W. Knight M.D.*
- Address *112 N Greene St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22533

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fifth (5th)*
1. Sex (state whether ~~Male~~ or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *December 25th, 1877*
4. Place of Birth (Street and Number) *No. 11 Irvin Place*
5. Full Name of Mother *Mrs. Susan F. Zimmerman*
6. Mother's Maiden Name *Miss Susan F. Askey*
7. Mother's Birthplace *Baltimore, Md.*
8. Full Name of Father *Mr. John Charles Zimmerman*
9. Father's Occupation *Produce Dealer*
10. Father's Birthplace *Baltimore, Md.*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. H. Claudine*
- Address *No. 102 North Broadway*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22534

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Colored
3. Date of Birth 23rd Dec 1877
4. Place of Birth (Street and Number) 10, 11 North St.
5. Full Name of Mother Rachel Miller
6. Mother's Maiden Name Rachel Thomas
7. Mother's Birthplace Baltimore Md.
8. Full Name of Father George Lloyd Miller
9. Father's Occupation Writer
10. Father's Birthplace Barnstable, Dorchester Co. Md.
- Name of Medical Attendant, or other Person who makes this Return. John A. Thomas
- Address _____
- Remarks _____

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22535



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 125
1. Sex (state whether Male or Female) Male 12
2. Race or Color (if not of the white race) White 250
3. Date of Birth 25 December 125
4. Place of Birth (Street and Number) 37 Harding St 500
5. Full Name of Mother Emma Leg
6. Mother's Maiden Name Miller
7. Mother's Birthplace Larrying
8. Full Name of Father Christ Leg
9. Father's Occupation Baker
10. Father's Birthplace Larrying
- Name of Medical Attendant, or other Person who makes this return Sophie Hickman
- Address No 70 Greenly St
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22536

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 25 December
4. Place of Birth (Street and Number) 104 Baltimore Street
5. Full Name of Mother Frederiche Werner
6. Mother's Maiden Name Stittberger
7. Mother's Birthplace Germany
8. Full Name of Father August Werner
9. Father's Occupation none
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this return Stephen Simon
- Address 1070 Franklin Street
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22537

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) colored
3. Date of Birth dec 25
4. Place of Birth (Street and Number) 46 McEldry st
5. Full Name of Mother marie small
6. Mother's Maiden Name not married
7. Mother's Birthplace Baltimore
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace
- Name of Medical Attendant, or other Person who makes this Return. mrs lewis jackson
- Address no 32. shatt st
- Remarks healthy child

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22538

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) Colored

3. Date of Birth Dec 25

4. Place of Birth (Street and Number) 400 Eldon Street # 11

5. Full Name of Mother Mary Richardson

6. Mother's Maiden Name Not married

7. Mother's Birthplace Charleston S.C.

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Johnson

Address No. 32 East 25

Remarks Healthy Child

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. *Date of Birth*4. *Place of Birth (Street and Number)*

5. *Full Name of Mother*

6. *Mother's Maiden Name*

7. *Mother's Birthplace*

8. *Full Name of Father*

9. *Father's Occupation*

10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this return.

Address _____

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22540

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 23 Dec 1877
4. Place of Birth (Street and Number) S. E. Cor Elliott & Canton sts
5. Full Name of Mother Louisa Savary
6. Mother's Maiden Name Louisa Emerson
7. Mother's Birthplace Balt. City
8. Full Name of Father John A Savary
9. Father's Occupation Druggist
10. Father's Birthplace New York City
- Name of Medical Attendant, or other Person who makes this Return. Mrs Sarah Emmons
- Address 104 Barclay St Canton
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d.
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth December 25th 1877
4. Place of Birth (Street and Number) 6 Flammstedt street
5. Full Name of Mother Julie Hornberger
6. Mother's Maiden Name Julie Kellberg
7. Mother's Birthplace Germany
8. Full Name of Father Adam Hornberger
9. Father's Occupation shoe-maker
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this return Mr. R. Rudiger
- Address 184 S. Bond street
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

22542

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Primipara

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

December 25th 77

4. Place of Birth (Street and Number)

No. 1 Corrington St.

5. Full Name of Mother

Mary Ellen Kessel

6. Mother's Maiden Name

Mary Ellen Davis

7. Mother's Birthplace

Baltimore City

8. Full Name of Father

Jas. R. Kessel

9. Father's Occupation

Dredger

10. Father's Birthplace

Croftfield, Md.

Name of Medical Attendant, or other Person who makes this Return.

J. H. Smith M.D.

Address

108 S. Sharp St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22543

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second Child*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Caucasian*
3. Date of Birth *December 15, 1897*
4. Place of Birth (Street and Number) *Wanbury Street No. 282*
5. Full Name of Mother *Fanny Shields*
6. Mother's Maiden Name *Fanny Francis*
7. Mother's Birthplace *Baltimore Md*
8. Full Name of Father *John Shields*
9. Father's Occupation *Cauler*
10. Father's Birthplace *Scot. Highland Cemetery + Baltimore*
- Name of Medical Attendant, or other Person who makes this return *Charity M. Bodan*
- Address
- Remarks *Birth Card No. 313*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22544

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth Dec. 25th 1877
4. Place of Birth (Street and Number) No. 194 S. Ann St.
5. Full Name of Mother Elizabeth Morris
6. Mother's Maiden Name Elizabeth Stevens
7. Mother's Birthplace Baltimore city
8. Full Name of Father Frank Morris
9. Father's Occupation Sailor
10. Father's Birthplace Baltimore city
Name of Medical Attendant, or other Person who makes this Return. D. W. Lansfield M.D.
Address 117 S. Broadway
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22545

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *third*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *Colored*

3. Date of Birth *25th Dec. 1877*

4. Place of Birth* (Street and Number) *No. 5 Wy. City*

5. Full Name of Mother *Luticia Scott*

6. Mother's Maiden Name *"*

7. Mother's Birthplace *Mississippi*

8. Full Name of Father *Albert Sloan*

9. Father's Occupation *Laborer*

10. Father's Birthplace *Balto. City*

Name of Medical Attendant, or other Person who makes this Return. *Mamanda Wilson*

Address _____

Remarks _____

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22546

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



Name: *Henry C. Craig*

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *3*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Dec 25. 1877*

4. Place of Birth (Street and Number) *Baltimore 72 Hart ave.*

5. Full Name of Mother *Elizabeth Craig*

6. Mother's Maiden Name *(Schneider) Schneider*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *John H. Craig*

9. Father's Occupation *Baltimore*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Mrs Anna Nash*

Address

Remarks

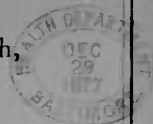
That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11.253

RETURN OF A BIRTH.

22,547

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 36

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) white

3. Date of Birth Dec. 25. 1877

4. Place of Birth (Street and Number) W. Washington st No 21.

5. Full Name of Mother Josephine Grocher

6. Mother's Maiden Name Wothrich

7. Mother's Birthplace Prussia

8. Full Name of Father August Grocher

9. Father's Occupation Shoemaker

10. Father's Birthplace Hoson Prussia

Name of Medical Attendant, or other Person who makes this return Mrs. J. Drapach

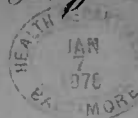
Address 1. Wolf str No 28

Remarks W. Drapach

This, as a physician, accoucheur, midwife, or other person at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22548



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

3. Date of Birth

December 25th 1877

4. Place of Birth (Street and Number)

No Montgomery St

5. Full Name of Mother

Mary Jane Mullen

6. Mother's Maiden Name

" " Wallace

7. Mother's Birthplace

Balto

8. Full Name of Father

John Mullen

9. Father's Occupation

Sheet Iron Worker

10. Father's Birthplace

Balto

Name of Medical Attendant, or other Person who makes this Return.

C. A. Lewis

Address

162 Haverhill St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22549

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 20 Dec 1877
4. Place of Birth (Street and Number) 117 Howard St
5. Full Name of Mother Ellen Marshall
6. Mother's Maiden Name Ellen Baker
7. Mother's Birthplace Engl
8. Full Name of Father John Marshall
9. Father's Occupation Clerk
10. Father's Birthplace Baltimore Md
- Name of Medical Attendant, or other Person who makes this Return. Dr. J. H. Baker M.D.
- Address 23 Franklin Ave. Balt.
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22550

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd* *Girl*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Dec 25 - 1893 A.M.* *1893*
4. Place of Birth (Street and Number) *47 St. Bond St.*
5. Full Name of Mother *Ella M. Shuffthut*
6. Mother's Maiden Name *Ella M. Sylvia*
7. Mother's Birthplace *Baltimore City*
8. Full Name of Father *Henry A. Shuffthut*
9. Father's Occupation *Saloon Keeper*
10. Father's Birthplace *Balt. City*

Name of Medical Attendant, or other Person who makes this Return.

Address *299 E. Baltimore Street*

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 22551

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Decr 26 7877*
4. Place of Birth (Street and Number) *205 Ramsey St*
5. Full Name of Mother *Catherine Cecelia Leonard*
6. Mother's Maiden Name *Catharine Cecelia Bowden*
7. Mother's Birthplace *Ireland*
8. Full Name of Father *George Lewis Leonard*
9. Father's Occupation *Plumber & Gas Fitter*
10. Father's Birthplace *Balt City*
- Name of Medical Attendant, or other Person who makes this Return. *Wm Gorell M.D.*
- Address *506 W Fayette St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the state of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22552

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*

1. Sex (state whether ~~Male~~ or Female)

2. Race or Color (if not of the white race) *White*

3. Date of Birth *December the 26. 1877.*

4. Place of Birth (Street and Number) *Mallikin St. No 127.*

5. Full Name of Mother *Anna Bartsch*

6. Mother's Maiden Name *Anna Götke*

7. Mother's Birthplace *Beverungen. V. Preussen. Germany*

8. Full Name of Father *Paul Bartsch*

9. Father's Occupation *Blacksmith*

10. Father's Birthplace *Mertschütz. V. Preussen. Germany*

Name of Medical Attendant, or other Person who makes this return *Mary E. Miller*

Address *N. Dallas St. No 26.*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22553

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd Child*

1. Sex (state whether ~~Male~~ or Female)

2. Race or Color (if not of the white race) *White*

3. Date of Birth *December the 26. 1877*

4. Place of Birth (Street and Number) *N. Spring St. No. 82.*

5. Full Name of Mother *Margaretha Reiber*

6. Mother's Maiden Name *Margaretha Göring*

7. Mother's Birthplace *Gross Busch - Gr. Hessen - Germany*

8. Full Name of Father *Friedrich Reiber*

9. Father's Occupation *Shoemaker*

10. Father's Birthplace *Bruckhausen. W. Prussia - Germany*

Name of Medical Attendant, or other Person who makes this return *Mary E. Mulla*

Address *N. Dallas St. No. 26.*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22554

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Colored
3. Date of Birth December 26th 1877
4. Place of Birth (Street and Number) Harmony Lane 184
5. Full Name of Mother Adeline Thibault
6. Mother's Maiden Name Adeline Morrison
7. Mother's Birthplace Lalob County Md
8. Full Name of Father Joseph L Thibault
9. Father's Occupation Laborer
10. Father's Birthplace Bald County Md
- Name of Medical Attendant, or other Person who makes this return Wm. H. Cross
- Address 181 York St.
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22553

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *9th*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Callard*
3. Date of Birth *December 24 1877*
4. Place of Birth (Street and Number) *210 S. Stationer Alley*
5. Full Name of Mother *Eeresa Howard Baltimore Co*
6. Mother's Maiden Name *Yessie Matthews Bowkin*
7. Mother's Birthplace *noted for*
8. Full Name of Father *Charles Howard*
9. Father's Occupation *Walter Seller*
10. Father's Birthplace *Howard Co*
- Name of Medical Attendant, or other Person who makes this Return *Charles Warren*
- Address *25 S W Baltimore St*
- Remarks *X X X*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22556



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 26 Dec

4. Place of Birth (Street and Number) No 7 Forrest Place

5. Full Name of Mother Ellen J Owen

6. Mother's Maiden Name Chisner

7. Mother's Birthplace Baltimore

8. Full Name of Father Isaac W Owen

9. Father's Occupation Printer

10. Father's Birthplace Pennsylvania

Name of Medical Attendant, or other Person who makes this return Isaac J Chisner

Address No 7 Forrest Place

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22557

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth 26 December

4. Place of Birth (Street and Number) P. 85 State Street

5. Full Name of Mother Mary Hannah

6. Mother's Maiden Name Robert David

7. Mother's Birthplace Ireland

8. Full Name of Father Patrick Hannah

9. Father's Occupation Carpenter

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this return Elizabeth Fleming

Address P. 85 State St

Remarks Healthy

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22558

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth. *December 26 1877*
4. Place of Birth (Street and Number) *No 60 S. Bethel st.*
5. Full Name of Mother *Elizabeth Klotch*
6. Mother's Maiden Name *Frank*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Edward Klotch*
9. Father's Occupation *Cigarmaker*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. G. Grotzke*
- Address *No 66 S. Bond st.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second* ☒
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Dec 26 1877*
4. Place of Birth (Street and Number) *268 East Chew St Baltimore Md*
5. Full Name of Mother *Mary Hamilton Bowman*
6. Mother's Maiden Name *Mary Hamilton Murker*
7. Mother's Birthplace *Baltimore Md*
8. Full Name of Father *George W Bowman*
9. Father's Occupation *Printer*
10. Father's Birthplace *Baltimore Md*
- Name of Medical Attendant, or other Person who makes this Return. *Amanda Marine*
- Address *323 East Monument St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22560

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY. Dec. 15



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) W. I. T.
3. Date of Birth Dec. 26th 1877
4. Place of Birth (Street and Number) 300 G. Avenue St.
5. Full Name of Mother Helen Springer
6. Mother's Maiden Name Kate Schneider
7. Mother's Birthplace Germany
8. Full Name of Father Gustav Springer
9. Father's Occupation Farmer
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this return Mrs. Mary Ann
- Address No. 127 S. W. Ave. St.
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22561

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *December 26th*

4. Place of Birth (Street and Number) *163 W. Lombard St., (Maternity)*

5. Full Name of Mother *Agnes Kians*

6. Mother's Maiden Name *A*

7. Mother's Birthplace *Maryland*

8. Full Name of Father *Unknown*

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this return

Address

Remarks

D. W. Lombel
163 W. Lombard St.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22562

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3d*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *26th December*

4. Place of Birth (Street and Number) *No. 273 Central Ave of*

5. Full Name of Mother *Mary Agnes Fisher*

6. Mother's Maiden Name *Locher*

7. Mother's Birthplace *Baltimore Md*

8. Full Name of Father *John Henry Fisher*

9. Father's Occupation *Comedy Maker*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this return *Barbara Reiss*

Address *1026 N. Frederick St*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22563

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Dark
3. Date of Birth Dec 27 1878
4. Place of Birth (Street and Number) No 57 North Dallas st
5. Full Name of Mother Mary Glasgow
6. Mother's Maiden Name Mary Bowly
7. Mother's Birthplace Baltimore Maryland
8. Full Name of Father John S. Glasgow
9. Father's Occupation Walker
10. Father's Birthplace Baltimore Maryland
- Name of Medical Attendant, or other Person who makes this Return. Alice Chapman
- Address No 48 Dallas st Between Lombard & Pratt
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22564

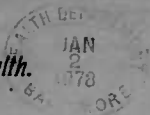
To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The still*
 1. Sex (state whether Male or Female) *Female*
 2. Race or Color (if not of the white race) *White*
 3. Date of Birth *July 20, 1894*
 4. Place of Birth (Street and Number) *128 Lancaster St*
 5. Full Name of Mother *Julia Emma Delacy*
 6. Mother's Maiden Name *Connor*
 7. Mother's Birthplace *Washington, D. C.*
 8. Full Name of Father *Michael Delacy*
 9. Father's Occupation *Laborer*
 10. Father's Birthplace *Washington, D. C.*
 Name of Medical Attendant, or other Person who makes this return *Mary Jubb.*
 Address *99 Lancaster St*
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

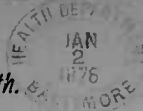


- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 Child
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth December 27
4. Place of Birth (Street and Number) Welmes ally No 12
5. Full Name of Mother Fanny Wilson
6. Mother's Maiden Name
7. Mother's Birthplace easton shore
8. Full Name of Father William Bright
9. Father's Occupation
10. Father's Birthplace Baltimore City
- Name of Medical Attendant, or other Person who makes this Return. Dr. C. Smeltzer
- Address No 39 W. 1st ally
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3 Child*
 1. Sex (state whether Male or Female) *Male*
 2. Race or Color (if not of the white race) *Caucasian*
 3. Date of Birth *27 of October 1876*
 4. Place of Birth (Street and Number) *No 11 Short Street*
 5. Full Name of Mother *Mary Reed*
 6. Mother's Maiden Name *Mary Anderson*
 7. Mother's Birthplace *Baltimore City*
 8. Full Name of Father *James B. Reed*
 9. Father's Occupation *Laborer*
 10. Father's Birthplace *Northampton Mass*
 Name of Medical Attendant, or other Person who makes this Return. *Robert Williams*
 Address *177 E. Avenue*
 Remarks *born at home*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

22367

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



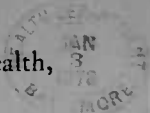
No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *27th Dec.*
4. Place of Birth (Street and Number) *468 E. Lombard St.*
5. Full Name of Mother *Frances Botsford*
6. Mother's Maiden Name *Deaver*
7. Mother's Birthplace *Balto. City*
8. Full Name of Father *Charles F. T. Botsford*
9. Father's Occupation *Caper of Fruits & Vegetables*
10. Father's Birthplace *N. York State*
Name of Medical Attendant, or other Person who makes this Return. *E. P. Davis M.D.*
Address *406 E. Balto. St.*
Remarks *Healthy Child*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22568

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 27 December
4. Place of Birth (Street and Number) 119 Spring Street
5. Full Name of Mother Emma Salomon
6. Mother's Maiden Name Schwarzer
7. Mother's Birthplace Baltimore
8. Full Name of Father Henry Salomon
9. Father's Occupation shop
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this return Sophia Simon
- Address No 70 Granby Street
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22569

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First (only)*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *December 27th 1877*
4. Place of Birth (Street and Number) *North E. of Columbia St. Poppleton St.*
5. Full Name of Mother *Emeline Myers*
6. Mother's Maiden Name *Reynolds*
7. Mother's Birthplace *City of Baltimore*
8. Full Name of Father *George D. Myers*
9. Father's Occupation *Civil Labourer*
10. Father's Birthplace *City of Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Geo. A. Blake M.D.*
- Address *140, Scott St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first Child*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Thursday December 27*
4. Place of Birth (Street and Number) *Regina St. 1115*
5. Full Name of Mother *Lusan Hughes*
6. Mother's Maiden Name *Lusan Brown*
7. Mother's Birthplace *Baltimore Md*
8. Full Name of Father *James Hughes*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Baltimore Maryland*
- Name of Medical Attendant, or other Person who makes this return *Charles H. Belden*
- Address *313 South Calver St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

length
male
white
Dec. 27th 1877
28 Stiles st
Catherine Hamilton
" Noble
New York N. Y.
Charles R. Hamilton
Baltimore County Md
D. G. Dausch M.D.
27 N. Broadway

22572

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Dec 27 1877

4. Place of Birth (Street and Number) 134 South St

5. Full Name of Mother Marye Burns

6. Mother's Maiden Name Marye Friedrich

7. Mother's Birthplace America

8. Full Name of Father John Burns

9. Father's Occupation ...

10. Father's Birthplace America

Name of Medical Attendant, or other Person who makes this return John M. ...

Address 134 S. ... St

Remarks

RETURN OF A BIRTH. 22573

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



Child of Mother (state whether 1st, 2d, 3d, &c.) one
 (state whether Male or Female) female
 Race or Color (if not of the white race) all white race
 Date of Birth December the 27th
 Place of Birth (Street and Number) Baltimore port st 506
 Full Name of Mother anna jane kindle
 Mother's Maiden Name anne jane parry
 Mother's Birthplace Virginia
 Full Name of Father william H kindle
 Father's Occupation house maker
 Father's Birthplace Baltimore
 Name of Medical Attendant, or other Person who makes this Return Elizabeth Hathorn
 Address 136 port st
 Remarks

That any physician, accoucheur, midwife, or other person is engaged, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22574

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this return

Address

Remarks

2nd
Male
White
Dec 29th, 1897
29, Brown St
Catharine M. Keidel
Catharine M. Schott
Baltimore
C. W. Keidel
Styco Dealer
Baltimore
Theodore Cook, M.D.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No 253.

RETURN OF A BIRTH.

22575

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) _____
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Dec. 28. 1877*
4. Place of Birth (Street and Number) *22 Maryland Ave. 32*
5. Full Name of Mother *Eliza Church*
6. Mother's Maiden Name *Beier*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Stephen Church*
9. Father's Occupation *Teacher*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this return *Mrs. L. K. Cooper*
- Address *22 Maryland Ave. 28.*
- Remarks *Wm. Cooper*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex (state whether Male or Female) *female*
2. Race or Color (if not of the white race) *Irish*
3. Date of Birth *December 28th 1877*
4. Place of Birth (Street and Number) *Central 83*
5. Full Name of Mother *Lottie Bernhardt*
6. Mother's Maiden Name *" Oppenheim*
7. Mother's Birthplace *Polen Europe*
8. Full Name of Father *Isaac Bernhardt*
9. Father's Occupation *Peddler*
10. Father's Birthplace *Polen Europe*
- Name of Medical Attendant, or other Person who makes this return *Mrs R.nelly*
- Address *48 Holladay St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *28th Decem. 1877*

4. Place of Birth (Street and Number) *362 Hollins St.*

5. Full Name of Mother *Mollie E. B. Douty*

6. Mother's Maiden Name *Taylor*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *James Fredk. Douty*

9. Father's Occupation *Book Keeper*

10. Father's Birthplace *Maryland*

Name of Medical Attendant, or other Person who makes this return *John Hood, M.D.*

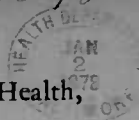
Address *2 St. Carey St.*

Remarks *A very large boy*

That any physician, apothecary, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22578



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6
1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) _____
3. Date of Birth 28 Dec. 1877
4. Place of Birth (Street and Number) 260 Bay St.
5. Full Name of Mother Eliza Minnick
6. Mother's Maiden Name Rosalia
7. Mother's Birthplace Germany
8. Full Name of Father Anton Minnick
9. Father's Occupation Restaurateur
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this return Wm. C. Cooper
- Address 526 Southland
- Remarks _____

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22579

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c)

Eleventh,
Female,

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

Dec. 28th 1877

4. Place of Birth (Street and Number)

570 William St.
Berthold Lewman,

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Rosenberg,
Bab. Med.
Fredk. Lewman,
Tobaccoist,
Bab. Med.
G. B. Runk M.D.
Bapt. Chrch. St.
Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar thereof, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22580

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



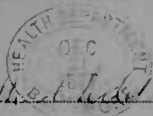
No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1st.
 1. Sex (state whether Male or Female) Female.
 2. Race or Color (if not of the white race) colored
 3. Date of Birth Dec. 28th. '1877
 4. Place of Birth (Street and Number) 107 N. Dallas St.
 5. Full Name of Mother Sarah L. Bantour
 6. Mother's Maiden Name " " Bright
 7. Mother's Birthplace Dorchester Co. Md.
 8. Full Name of Father John Edwin Bantour,
 9. Father's Occupation Coachman
 10. Father's Birthplace Caroline Co. Md.
 Name of Medical Attendant, or other Person who makes this Return. G. G. Rusk M.D.
 Address Balt. Wash. St.
 Remarks fatal

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

411 29581

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) This is the 14th child

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Colored

3. Date of Birth December 28

4. Place of Birth (Street and Number) 312 Mountgarden Street

5. Full Name of Mother Catherine D. Smith

6. Mother's Maiden Name Catherine D. Smith

7. Mother's Birthplace Caroline County Maryland

8. Full Name of Father William D. Jones

9. Father's Occupation General Laborer

10. Father's Birthplace Caroline County Maryland

Name of Medical Attendant, or other Person who makes this return William D. Jones

Address 181 South Street

Remarks None

That any physician, accoucheur, midwife, or other person in attendance upon a woman about to be delivered, or who has just delivered, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

22582

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Eight (8)
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) _____
3. Date of Birth December 28th 1877
4. Place of Birth (Street and Number) No 153 Baiting Ave.
5. Full Name of Mother Dorah Elizabeth Penn
6. Mother's Maiden Name Whiskolm
7. Mother's Birthplace Philadelphia
8. Full Name of Father Geo. W. Penn
9. Father's Occupation Bookbinder
10. Father's Birthplace Baltimore City
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Conway
- Address 1000
- Remarks _____

RETURN OF A BIRTH.

22583

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Colored

3. Date of Birth December 2nd 1877

4. Place of Birth (Street and Number) 51 Bath St

5. Full Name of Mother Louise Bather

6. Mother's Maiden Name Miss Boyer

7. Mother's Birthplace Washington

8. Full Name of Father Wright Bather

9. Father's Occupation Laborer

10. Father's Birthplace Maryland and Samuel B. B. B.

Name of Medical Attendant, or other Person who makes this Return Chodlatter Wern

Address 258 West Baltimore St

Remarks none

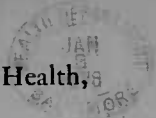
That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22584

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 28 December
4. Place of Birth (Street and Number) 18 Polmarac 11
5. Full Name of Mother Wilhelmina Schlepegrell
6. Mother's Maiden Name Daughert
7. Mother's Birthplace Germany
8. Full Name of Father George W. Schlepegrell
9. Father's Occupation Captain
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this return Sophie Shuman
- Address No 70 Lombly Street
- Remarks

rect Record of Vital Statistics in the City of Baltimore

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children beca. its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

22585

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Sixth

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

Colored

3. Date of Birth

Dec 28th 1877

4. Place of Birth (Street and Number)

In Court in rear of 209 Rabor st

5. Full Name of Mother

Beckie Isroes

6. Mother's Maiden Name

E. Shore Md.

7. Mother's Birthplace

Jacob Nicholson

8. Full Name of Father

Workman in Mr. Super's Slaughter house

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

J. R. Rogers M.D.

Address

417 W. Fayette

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

22586



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *the 10*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *December the 28 1877*
4. Place of Birth (Street and Number) *No 344 Alasania St*
5. Full Name of Mother *Lizzy Simons*
6. Mother's Maiden Name *Lizzy Clark*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Steven Simons*
9. Father's Occupation *Wagon Builder*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Ann E Bull*
- Address *No 171 South Chester St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

22387
JAN 22 1878
HEALTH
MORE

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *too*
1. Sex (state whether Male or Female) *male and female*
2. Race or Color (if not of the white race) *colored*
3. Date of Birth *December 29*
4. Place of Birth (Street and Number) *136 York St*
5. Full Name of Mother *Hester Mitchell*
6. Mother's Maiden Name *Hester Cornish*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Wm. Mitchell*
9. Father's Occupation *Wagon*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Margaret Spriggs*
- Address *127 Peachabey*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

22588



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

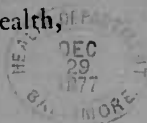
Second child
Male
White
Dec. 28th 1877
7th Portland St.
Mrs. Slains
Mary Slains
Baltimore
John Slains
Sugar Maker
Baltimore
Kate Seebach
439 West Pratt St.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22389

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First.*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *American*
3. Date of Birth *December 28th 1877*
4. Place of Birth (Street and Number) *163 W. Lombard St.*
5. Full Name of Mother *Laura Crox*
6. Mother's Maiden Name *" " " "*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Unknown*
9. Father's Occupation *" "*
10. Father's Birthplace *" "*
- Name of Medical Attendant, or other Person who makes this return *D^r Wm. Lombel*
- Address *163 W. Lombard St.*
- Remarks

Recd Record of Vital Statistics to the Registrar

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22590

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

3. Date of Birth

Dec. 28

4. Place of Birth (Street and Number)

232 Maryland Ave.

5. Full Name of Mother

Mary Hall

6. Mother's Maiden Name

Mary Dade

7. Mother's Birthplace

Carroll Co.

8. Full Name of Father

Jm E. Hall

9. Father's Occupation

Merchant

10. Father's Birthplace

Balt.

Name of Medical Attendant, or other Person who makes this Return.

L M Wilson

Address

251 Madison Ave

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

110 254.

RETURN OF A BIRTH.

22591

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

white

3. Date of Birth

Dec. 28. 1877

4. Place of Birth (Street and Number)

228

5. Full Name of Mother

Margaretta Thumlich

6. Mother's Maiden Name

Paetzel

7. Mother's Birthplace

Hanover, Prussia

8. Full Name of Father

Herbert Thumlich

9. Father's Occupation

Laundryman

10. Father's Birthplace

Munich, Prussia

Name of Medical Attendant, or other Person who makes this return

Wm. J. Brannock

Address

228

Remarks

live

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22592

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5*
1. Sex (state whether Male or Female) *female*
2. Race or Color (if not of the white race) *colored*
3. Date of Birth *December 22 1877*
4. Place of Birth (Street and Number) *194 South Durham st*
5. Full Name of Mother *Lemigza rogers*
6. Mother's Maiden Name *Lemigza corner*
7. Mother's Birthplace *Baltimore city*
8. Full Name of Father *John rogers*
9. Father's Occupation *Brick maker*
10. Father's Birthplace *Baltimore city*
- Name of Medical Attendant, or other Person who makes this return *Mary corner 153*
- Address *collington avenue*
- Remarks

Direct Record of Vital Statistics in the City of Baltimore:

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2259²

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Sept (1861)

1. Sex (state whether Male or Female)

Heuvel

2. Race or Color (if not of the white race)

White

3. Date of Birth

Friday Decr 28th 1847.

4. *Place of Birth (Street and Number)*

748 O. Chase Street

5. Full Name of Mother

7. *Myanarchus strept*

6. Mother's Maiden Name

а Келеруани

7. Mother's Birthplace

Эрмачев

8. Full Name of Father

Johanna A. Strepp

S. Father's Occupation

Trailor

10. Father's Birthplace

Генерал

Name of Medical Attendant, or other Person who makes this Return.

St. Petersburg

Address _____

Feb 61 Byrd & Caroline West

Remarks

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22394

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) *2nd*
 1. Sex (state whether Male or Female) *Male*
 2. Race or Color (if not of the white race)
 3. Date of Birth *Dec 28th, 1877*
 4. Place of Birth (Street and Number) *114 N. Market St.*
 5. Full Name of Mother *Sarah Wilcox Sherman,*
 6. Mother's Maiden Name *Cooper*
 7. Mother's Birthplace *Phila. Pa.*
 8. Full Name of Father *Geo. M. Sherman*
 9. Father's Occupation *Turner*
 10. Father's Birthplace *Balt. Md.*
 Name of Medical Attendant, or other Person who makes this Return. *G. G. Kirk R. M. D.*
 Address *Balt. 7th Ave. No.*
 Remarks *Admission,*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



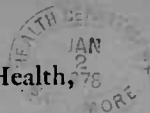
- No. of Child of Mother (state whether 1st, 2d, 3d, &c) 5.
1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) Colord
3. Date of Birth deceember, the 28. 18. 77.
4. Place of Birth (Street and Number) Laurel, aley. 3. Baltimore, M. d.
5. Full Name of Mother Jane. Hill Johnson
6. Mother's Maiden Name Jane Hill
7. Mother's Birthplace Baltimore. M. d.
8. Full Name of Father Jahn. B. Hill
9. Father's Occupation Stoner
10. Father's Birthplace Baltimore County, M. d.
- Name of Medical Attendant, or other Person who makes this Return. Mary. E. Chem. M. W.
- Address 20. 94. Myron St. Baltimore. M. d.
- Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4*
 1. Sex (state whether Male or Female) *Female*
 2. Race or Color (if not of the white race) *White*
 3. Date of Birth *Dec 29*
 4. Place of Birth (Street and Number) *287 Hammer St.*
 5. Full Name of Mother *Maggie Rose*
 6. Mother's Maiden Name *Maggie Hecht*
 7. Mother's Birthplace *Germany*
 8. Full Name of Father *Robert Rose*
 9. Father's Occupation *Shoemaker*
 10. Father's Birthplace *Baltimore*
 Name of Medical Attendant, or other Person who makes this return *Mary Brown*
 Address *325 South Enoch St.*
 Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22597

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

2nd child

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Dec. 29/77.

4. Place of Birth (Street and Number)

144 George St

5. Full Name of Mother

Martha Jane Murriel

6. Mother's Maiden Name

Weaver

7. Mother's Birthplace

Fredensick co. Md.

8. Full Name of Father

Joseph E. Munnell

9. Father's Occupation

Fireman N. & R.R.

10. Father's Birthplace

Manchester Va.

Name of Medical Attendant, or other Person who makes this Return.

A. R. Fetterhoff M.D.

Address

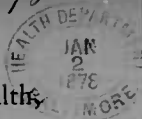
77 George St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22598



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) _____
3. Date of Birth 29 Dec. 1877
4. Place of Birth (Street and Number) 76 Exeter St.
5. Full Name of Mother Kate Mohr
6. Mother's Maiden Name Kern
7. Mother's Birthplace U. States
8. Full Name of Father James Mohr
9. Father's Occupation Barber
10. Father's Birthplace U. States
- Name of Medical Attendant, or other Person who makes this return Isaac Purser
- Address 52 E. Lombard St.
- Remarks _____

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22599



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
 1. Sex (state whether Male or Female) male
 2. Race or Color (if not of the white race) 2
 3. Date of Birth 29th Dec. 1877
 4. Place of Birth (Street and Number) 208 Lombard
 5. Full Name of Mother Johanna Casey
 6. Mother's Maiden Name Finn
 7. Mother's Birthplace Ireland
 8. Full Name of Father Patrick Casey
 9. Father's Occupation Shoemaker
 10. Father's Birthplace Ireland
- Name of Medical Attendant, or other Person who makes this return Charles Casper
- Address 52 S. Lombard
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2,2600

HEALTH DEPT
JAN 2 1970
BALTIMORE

4

- Hate.

- H. White

29. December 1877

- Fred. A. Baltimore. 116. 2. 10. 1877

- Elisabetta Reber.

- Elisabetha Freund

- Baltimore City.

- Henry Freund

- Restaurant, 16th Avenue

- Germania. Provisus Pusia. Miliaria

Mrs. Sumner

No. 40 Port Throder street

Henry. Freund.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 22601

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5
1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) colored
3. Date of Birth Dec 29/77
4. Place of Birth (Street and Number) 14 Booth
5. Full Name of Mother Julia green
6. Mother's Maiden Name
7. Mother's Birthplace montgomery co
8. Full Name of Father george green
9. Father's Occupation laborer
10. Father's Birthplace san francisco
- Name of Medical Attendant, or other Person who makes this Return. Charlotte Proctor
- Address no 10 Carlton st
- Remarks



Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22602

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Dec 29th 1877

4. Place of Birth (Street and Number)

103 Coppage St

5. Full Name of Mother

Addie Smith

6. Mother's Maiden Name

Addie Taylor

7. Mother's Birthplace

England

8. Full Name of Father

W. C. Smith

9. Father's Occupation

Machinist

10. Father's Birthplace

Pennsylvania

Name of Medical Attendant, or other Person who makes this return

Theodore Cook M.D.

Address

Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22603

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



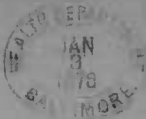
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 25 Dec
4. Place of Birth (Street and Number) 22 Blanford Ave
5. Full Name of Mother Mary Ward
6. Mother's Maiden Name Truman
7. Mother's Birthplace Ireland
8. Full Name of Father Peter Ward
9. Father's Occupation Lin Can Maker
10. Father's Birthplace Ireland
- Name of Medical Attendant, or other Person who makes this return Mrs. J. J. Christman
- Address No 1 1/2 2nd Race
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22604

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 children.
1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race) Wit.
3. Date of Birth 29 of December.
4. Place of Birth (Street and Number) Battery Ave. No 84.
5. Full Name of Mother Rosse Zinkam.
6. Mother's Maiden Name Rosse Miller
7. Mother's Birthplace in Pyerr.
8. Full Name of Father White Zinkam.
9. Father's Occupation Kapur
10. Father's Birthplace in Pyerr
- Name of Medical Attendant, or other Person who makes this Return. J. H. H. H.
- Address West St No 128
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22605

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) The 4th child

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) Col. Brown skin

3. Date of Birth 29 of November

4. Place of Birth (Street and Number) 2nd St. - at Gen. St.

5. Full Name of Mother Anna Maria Ship

6. Mother's Maiden Name Anna Maria Cook

7. Mother's Birthplace Baltimore Md.

8. Full Name of Father James P. Cook

9. Father's Occupation Day man

10. Father's Birthplace Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Harriet Britton

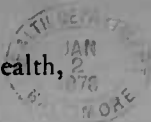
Address 145 North Eden

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22606



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *white*

3. Date of Birth *Dec. 29th 1877*

4. Place of Birth (Street and Number) *Corner of Water & Lloyd Sts.*

5. Full Name of Mother *Alvinda Barnes*

6. Mother's Maiden Name *Petersen*

7. Mother's Birthplace *Harford County, Maryland*

8. Full Name of Father *James M. Barnes*

9. Father's Occupation *Bar tender*

10. Father's Birthplace *Philadelphia*

Name of Medical Attendant, or other Person who makes this return

John Morris M.D.

Address *No. 5, Franklin St.*

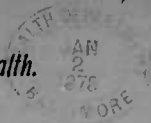
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22607

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) /
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth December 29 1877
4. Place of Birth (Street and Number) Caroline street near Bank
5. Full Name of Mother Mrs Haldefer Maiden name
6. Mother's Maiden Name Minnie Harper
7. Mother's Birthplace Baltimore
8. Full Name of Father Mr Haldefer
9. Father's Occupation Labour
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return Leah Walker
- Address No 198 S. Dallas street
- Remarks Baltimore M. D.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar of births, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

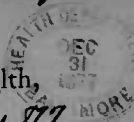
22608
HEALTH DEPT.
JAN 2 1878
BALTIMORE

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth December 29
4. Place of Birth (Street and Number) South Dallas street 180
5. Full Name of Mother Mary Richardson
6. Mother's Maiden Name Mary Purnell
7. Mother's Birthplace Baltimore
8. Full Name of Father John Purnell
9. Father's Occupation Labour
10. Father's Birthplace Snow hill M. D.
- Name of Medical Attendant, or other Person who makes this Return. Leah Walker
- Address 198 south Dallas street
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth; sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 22609

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY. Dec 30th / 1877



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Twins 4th*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Dec 29th / 1877*
4. Place of Birth (Street and Number) *No 231 S Broadway*
5. Full Name of Mother *Mary Matthes*
6. Mother's Maiden Name *Mary Gunther*
7. Mother's Birthplace *Germany* *11/1*
8. Full Name of Father *Peter Matthes*
9. Father's Occupation *Restaurantkeeper*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this return *Mrs. M. Amend*
- Address *1127 S. Wolfe St.*
- Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH.

22610

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd Child*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race)
3. Date of Birth *Dec 29th 1877*
4. Place of Birth (Street and Number) *At 380 Light St*
5. Full Name of Mother *Mary Schneider*
6. Mother's Maiden Name *Harkrich*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Louis Schneider*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this return *J. Schwaiger midwife*
- Address *213 Cross St.*
- Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29611

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *14th*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race)
3. Date of Birth *December 29th 1877*
4. Place of Birth (Street and Number) *No 67 East Ave*
5. Full Name of Mother *Elizabeth Garlach*
6. Mother's Maiden Name *Wetzel*
7. Mother's Birthplace *City*
8. Full Name of Father *Friedrich Garlach*
9. Father's Occupation *Carpenter*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this return *Mrs Elizabeth Bushmann*
- Address *124 Bank st*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

22612
HEALTH DEPT
JAN 4 1878
MORE

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *11th*
- Sex (state whether Male or Female) *Male*
 - Race or Color (if not of the white race)
 - Date of Birth *December 29th 1877*
 - Place of Birth (Street and Number) *10 195 S Wolf st*
 - Full Name of Mother *Annanda Hohen*
 - Mother's Maiden Name *" Reifer*
 - Mother's Birthplace *Germany*
 - Full Name of Father *Casper Hohen*
 - Father's Occupation *Driver*
 - Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this return *Mrs Elizabeth Buschmann*
- Address *120 Ban 12 st*
- Remarks

Extract Requisitions of the Registrar of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22613

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *This being the first*
1. Sex (state whether Male or Female) *a girl child*
2. Race or Color (if not of the white race) *a colored child*
3. Date of Birth *29th of December*
4. Place of Birth (Street and Number) *Born in Hollen Alley*
5. Full Name of Mother *Ida Hollen*
6. Mother's Maiden Name *not married*
7. Mother's Birthplace *Baltimore County New Town*
8. Full Name of Father *Wm Johnson*
9. Father's Occupation *a waiter*
10. Father's Birthplace *City Baltimore*
- Name of Medical Attendant, or other Person who makes this return *Elizabeth Stewart*
- Address *No 123 Chesnut alley*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

226111

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

14th

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

white

3. Date of Birth

24 December

4. Place of Birth (Street and Number)

Bratt. St. 315.

5. Full Name of Mother

Kearath wife.

6. Mother's Maiden Name

Juniper.

7. Mother's Birthplace

Baltimore.

8. Full Name of Father

Garst. wife.

9. Father's Occupation

Machinist

10. Father's Birthplace

Berlin

Name of Medical Attendant, or other Person who makes this Return.

A. Gistinger.

Address

270 Portland.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22615

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

15th
Female
White

December 29th 1877
No. 1. Hull street Locust Point

Margaret Meiller

Margaret Treuer

Germany

Fredrick Miller

Cooper

Baltimore M. D.

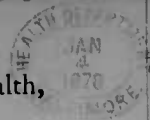
Margaret Etel

No. 13 Cooper street Locust Point

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22616



To the Office of Registrar of Vital Statistics, Board of Health,
 BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Sister*
- Sex (state whether Male or Female) *2 Female*
- Race or Color (if not of the white race) *White*
- Date of Birth *29th of December 1877*
- Place of Birth (Street and Number) *249 Locust St*
- Full Name of Mother *Anna Focke*
- Mother's Maiden Name *Anna Focke*
- Mother's Birthplace *Baltimore Md*
- Full Name of Father *Charles Focke*
- Father's Occupation *Labour*
- Father's Birthplace *Baltimore Md*
- Name of Medical Attendant, or other Person who makes this return *Henry J. Webb*
- Address *94 Lancaster St*
- Remarks

Extract Regulations of the Board of Health of Baltimore.
 rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22617

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Dec 29 1877*

4. Place of Birth (Street and Number) *478 W. Lexington St*

5. Full Name of Mother *Mary Adelaide Stockbridge*

6. Mother's Maiden Name *Cobb*

7. Mother's Birthplace *Sharon Mass.*

8. Full Name of Father *Samuel Stockbridge*

9. Father's Occupation *Lawyer*

10. Father's Birthplace *New York State*

Name of Medical Attendant, or other Person who makes this Return. *James M. Eastman*

Address *349 Lehigh*

Remarks

Extract Regulations of the Board of Health of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH.

22618

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4 Head of children*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Dollard*
3. Date of Birth *24. Decemr 1877*
4. Place of Birth (Street and Number) *198 register st.*
5. Full Name of Mother *Elizabeth Moore*
6. Mother's Maiden Name *Elizabeth Walker*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Fred Moore*
9. Father's Occupation *labor*
10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return.

Leah Walker

Address *No 198 South Dallas street*

Remarks *Baltimore. Md.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

212619

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)

second child

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

colored

3. Date of Birth

29 of December 1877.

4. Place of Birth (Street and Number)

No number Larwood St. over door building

5. Full Name of Mother

May - G. Wright

6. Mother's Maiden Name

May - G. Harman

7. Mother's Birthplace

Snow Hill Wargles county Md

8. Full Name of Father

Weldon Wright

9. Father's Occupation

porter at a drugist on Howard St

10. Father's Birthplace

Lafayette Co. Virginia

Name of Medical Attendant, or other Person who make this Return.

Mrs. E. Chen. M. M.

Address No. 94. Taylor St. Baltimore Md.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22620

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Female
 Dec 20 1877
 28 Baltimore St.
 Mary Elizabeth Boyle
 " " " " " " " "
 Baltimore Md
 Rev. Robert
 Gaulker
 Baltimore Md
 Mrs Ann Nash

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22621

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Dec. 31st 1877*

4. Place of Birth (Street and Number) *Baltimore Myeth St. No. 24*

5. Full Name of Mother *Julia Gaslie*

6. Mother's Maiden Name *For.*

7. Mother's Birthplace *Germany*

8. Full Name of Father *Kaspien Gaslie*

9. Father's Occupation *Store-keeper*

10. Father's Birthplace *Germany*

Name of Medical Attendant, or other Person who makes this return *Miss. C. Mitchell*

Address *No. 122 Parkers St*

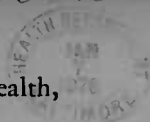
Remarks

Extract Regulations of the Board of Health
 rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22692



To the Office of Registrar of Vital Statistics, Board of Health,
 BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Sixth*
 1. Sex (state whether Male or Female) *Male*
 2. Race or Color (if not of the white race)
 3. Date of Birth *December 30th 1877*
 4. Place of Birth (Street and Number) *No 13. Miller St*
 5. Full Name of Mother *Euphenia A Taylor*
 6. Mother's Maiden Name *" " Myers*
 7. Mother's Birthplace *Baltimore*
 8. Full Name of Father *Henry A Taylor*
 9. Father's Occupation *Machinist*
 10. Father's Birthplace *Baltimore*
 Name of Medical Attendant, or other Person who makes this return *Mary et Allwell*
 Address *286 N. Trench St*
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22623

To the Office of Registrar of Vital Statistics, Board of Health,
 BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd Child*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *Dec 30th 1877*
4. Place of Birth (Street and Number) *No 203 Light St*
5. Full Name of Mother *Anna Otto*
6. Mother's Maiden Name *Pickenshaw*
7. Mother's Birthplace *America*
8. Full Name of Father *August Otto*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this return *J. Schaeffer midwife*
- Address *213 Cross St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

226211

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth
 1. Sex (state whether Male or Female) Female
 2. Race or Color (if not of the white race) White
 3. Date of Birth December 30th 1877
 4. Place of Birth (Street and Number) S. E. Cor. Exeter & Wilken Sts
 5. Full Name of Mother Catharine Ault.
 6. Mother's Maiden Name Catharine Glendwin
 7. Mother's Birthplace Baltimore Md.
 8. Full Name of Father Samuel Ault.
 9. Father's Occupation Book binder
 10. Father's Birthplace Baltimore
 Name of Medical Attendant, or other Person who makes this Return. John S. Lynch
 Address S. E. Broadway & Pratt.
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22625

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

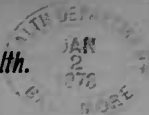


- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth December 10th
4. Place of Birth (Street and Number) 121 Kaufman Court
5. Full Name of Mother Mary Schifer
6. Mother's Maiden Name Mary Bopp
7. Mother's Birthplace Germany
8. Full Name of Father John Schifer
9. Father's Occupation Laborer
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Catherine Kerner
- Address 11th West St
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
 BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *one child one mother*
1. Sex (state whether Male or Female) *male*
2. Race or Color (if not of the white race) *Colored race*
3. Date of Birth *Dec the 30 1877*
4. Place of Birth (Street and Number) *edenes st 261 Baltimore m d*
5. Full Name of Mother *Wiley Cook*
6. Mother's Maiden Name *Wiley Lee*
7. Mother's Birthplace *Port Tobacco County Ver*
8. Full Name of Father *William Cook*
9. Father's Occupation *Drumman*
10. Father's Birthplace *Baltimore m d*
- Name of Medical Attendant, or other Person who makes this Return *Lucinda Walpole*
- Address *Regester St 130 Baltimore m d*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22626

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



912

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

30th

4. Place of Birth (Street and Number)

W. Latrobe St. No 10

5. Full Name of Mother

Mary Ann Kelly

6. Mother's Maiden Name

No recollection

7. Mother's Birthplace

No recollection

8. Full Name of Father

William Lake Kelly

9. Father's Occupation

Painter

10. Father's Birthplace

Worcester County Md

Name of Medical Attendant, or other Person who makes this Return.

Samuel Stewart

Address

357 N. Guilmore St

Remarks

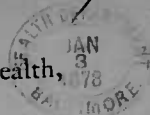
Dec 31st 1877

Extract Regulations of the Board of Health to secure a just and correct Record of Vital Statistics in the City of Baltimore.

That any physician, apothecary, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

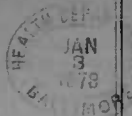


- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 30 December
4. Place of Birth (Street and Number) Carnes Eastern Ave and President
5. Full Name of Mother Wilhelmine Redeman
6. Mother's Maiden Name Kahlkopf
7. Mother's Birthplace Germany
8. Full Name of Father Henry Redeman
9. Father's Occupation Cigar maker
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this return Sophia Simon
- Address No 70 Grandy Street
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 22628

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *5th*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Dec 30. 1877*
4. Place of Birth (Street and Number) *215 Calhoun St (W)*
5. Full Name of Mother *Catharine McCabe*
6. Mother's Maiden Name *" Connolly*
7. Mother's Birthplace *City*
8. Full Name of Father *Geo. W. B. McCabe*
9. Father's Occupation *Merchant*
10. Father's Birthplace *City*
- Name of Medical Attendant, or other Person who makes this Return. *A. Tansley M.D.*
- Address *386 Druid Hill av*
- Remarks *City*

Extract Regulations of the Board of Health to secure a just and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22629

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3^d
1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) white
3. Date of Birth December 30th 1877
4. Place of Birth (Street and Number) 135 S. High
5. Full Name of Mother Elizabeth Ann Strahan
6. Mother's Maiden Name " Beatty
7. Mother's Birthplace Baltimore Md.
8. Full Name of Father Thomas Bernard Strahan
9. Father's Occupation Carrier
10. Father's Birthplace Ireland
- Name of Medical Attendant, or other Person who makes this Return. J. G. Drusch
- Address 27 N. Broadway
- Remarks

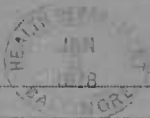
Extract Regulations of the Board of Health in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29630

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether ~~Male~~ or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

Dec. 30th 1877

4. Place of Birth (Street and Number)

412 E. Fayette St. Balt. Md

5. Full Name of Mother

Margaret J. Harper

6. Mother's Maiden Name

Margaret J. Houston

7. Mother's Birthplace

Baltimore City Md

8. Full Name of Father

Samuel Harper

9. Father's Occupation

Boatman

10. Father's Birthplace

Ireland

Name of Medical Attendant, or other Person who makes this Return.

J. Ridway M.D. de S

Address

412 E. Balto St

Remarks

Extract Regulations of the Board of Health to secure a just and
 rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH.

22631

To the Office of Registrar of Vital Statistics, Board of Health,
 BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd. Child*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Born Dec. 30. 10 o'clock P.M.*
4. Place of Birth (Street and Number) *No 242. Franklin st*
5. Full Name of Mother *Louise. Wenzel*
6. Mother's Maiden Name *Louise. Betcheler*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *John Charles. Wenzel*
9. Father's Occupation *Tinner*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Dumbler*
- Address
- Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22632
HEALTH DEPT
JAN 2 1878
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Born Dec 30. 5 P M*

4. Place of Birth (Street and Number) *No 310 E Balt St*

5. Full Name of Mother *Elise Kummer*

6. Mother's Maiden Name *Elise Schaffer*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *Levi Kummer*

9. Father's Occupation *Barber*

10. Father's Birthplace *Grammer*

Name of Medical Attendant, or other Person who makes this Return. *Mrs Dumbler*

Address *No Schraeder No 60*

Remarks

Extract Regulations of the Board of Health to secure a just and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

22633



To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th.*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Dec. 30. 1877.*
4. Place of Birth (Street and Number) *341 Bisquit St.*
5. Full Name of Mother *Mary Ellen Mooney*
6. Mother's Maiden Name
7. Mother's Birthplace *United States.*
8. Full Name of Father *John Bernard Mooney*
9. Father's Occupation *Car Driver*
10. Father's Birthplace *Ireland*
- Name of Medical Attendant, or other Person who makes this Return. *George H. Rohé, M.D.*
- Address *319 N. Central Avenue.*
- Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

22634

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fifth*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *December 30th 1877*
4. Place of Birth (Street and Number) *No 66 Richmond St.*
5. Full Name of Mother *Elizabeth A. Lee*
6. Mother's Maiden Name *Elizabeth A. Weaver*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *George A. Lee*
9. Father's Occupation *Waiter*
10. Father's Birthplace *Culpepper C. H. Va*
- Name of Medical Attendant, or other Person who makes this return *Mrs Jane Winneberger*
- Address *No 23 N. Liberty St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22635

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

German

3. Date of Birth

DEC 30th 1877

4. Place of Birth (Street and Number)

163 N Lombard St

5. Full Name of Mother

Caroline Krummel

6. Mother's Maiden Name

Germany

7. Mother's Birthplace

John Brown

8. Full Name of Father

Wagon Driver

9. Father's Occupation

10. Father's Birthplace

Wm M

Name of Medical Attendant, or other Person who makes this return

Dr J M Gough Res Mch

Address

163 N Lombard St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22636

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9²

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Dec 30.

4. Place of Birth (Street and Number)

211 Fayette

5. Full Name of Mother

Sara Beiswanger

6. Mother's Maiden Name

Ueber

7. Mother's Birthplace

Balto

8. Full Name of Father

John Beiswanger

9. Father's Occupation

Baker

10. Father's Birthplace

Stoa Herzogthum Kuestrum Reg.

Name of Medical Attendant, or other Person who makes this return

Wm. H. Loomis

Address

325 S. Charles St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

22637

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

3.

1. Sex (state whether Male or Female)

Male.

2. Race or Color (if not of the white race)

White

3. Date of Birth

December 30th 1877.

4. Place of Birth (Street and Number)

No. 165. Sterling St.

5. Full Name of Mother

Barbara Schreuer.

6. Mother's Maiden Name

Barbara Schober.

7. Mother's Birthplace

Germany.

8. Full Name of Father

John Schreuer.

9. Father's Occupation

Stone Cutter.

10. Father's Birthplace

Germany.

Name of Medical Attendant, or other Person who makes this Return.

Dr. H. H. Geist.

Address

No. 182. S. Monument St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

22638

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) colored

3. Date of Birth December 30

4. Place of Birth (Street and Number) Union House on West Virginia

5. Full Name of Mother Mary E

6. Mother's Maiden Name Brown

7. Mother's Birthplace Pennsylvania

8. Full Name of Father Baltimore

9. Father's Occupation Laborer

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Miss Susan E road mon
109 Conaway st
Seven month cause from a fall
very much injured Not expect to live

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

22639

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *10*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *December the 30 / 1877*
4. Place of Birth (Street and Number) *No 26 Patterson Park Avenue*
5. Full Name of Mother *Lenna Funke*
6. Mother's Maiden Name *Lenna Heathens*
7. Mother's Birthplace *Germane*
8. Full Name of Father *George W. Funke*
9. Father's Occupation *Sabrer*
10. Father's Birthplace *Germane*
- Name of Medical Attendant, or other Person who makes this Return *Louisa Wiley*
- Address *No 2 Patterson Park Avenue*
- Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2264-0

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*
1. Sex (state whether Male or Female) *female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *December 31 1877*
4. Place of Birth (Street and Number) *thames street court no. 1*
5. Full Name of Mother *margret rennells*
6. Mother's Maiden Name *margret conley*
7. Mother's Birthplace *Virginia*
8. Full Name of Father *charles rennells*
9. Father's Occupation *cupper smith*
10. Father's Birthplace *Baltimore city*
- Name of Medical Attendant, or other Person who makes this return *Mary conner 153 collington ave*
- Address
- Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 22641

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

4 child

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Dec 31

4. Place of Birth (Street and Number)

36 Brown St

5. Full Name of Mother

Louisa Horner

6. Mother's Maiden Name

Louisa Richmond

7. Mother's Birthplace

Howard County Md

8. Full Name of Father

W. A. Horner

9. Father's Occupation

Conductor on C. & P. Passenger Cars

10. Father's Birthplace

Mar. Va.

Name of Medical Attendant, or other Person who makes this Return.

J. J. Howard M.D.

Address

534 N. Fayette St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

22642

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
 1. Sex (state whether Male or Female) Female
 2. Race or Color (if not of the white race) White
 3. Date of Birth Dec. 31st 1871
 4. Place of Birth (Street and Number) Baltimore Myrtle St. No. 14
 5. Full Name of Mother Catharine Maxwell
 6. Mother's Maiden Name .. Wallace
 7. Mother's Birthplace Baltimore
 8. Full Name of Father John Maxwell
 9. Father's Occupation Blacksmith
 10. Father's Birthplace Baltimore
 Name of Medical Attendant, or other Person who makes this return Wm. C. Mitchell
 Address No. 122 Park St.
 Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

2264B

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Dec 31 - 1877
4. Place of Birth (Street and Number) 15 N Corner of Franklin & Chateaufort
5. Full Name of Mother Eunice B. Brown
6. Mother's Maiden Name Fisher
7. Mother's Birthplace Northumberland Co. Pa
8. Full Name of Father Andrew Brown
9. Father's Occupation Grocer
10. Father's Birthplace York Co Pa
- Name of Medical Attendant, or other Person who makes this Return. Wm. Greenfield
- Address 87 Mulberry St
- Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH. 22644

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



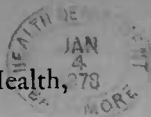
- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10th
1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) 2
3. Date of Birth 21st Dec. 1877
4. Place of Birth (Street and Number) 517 Light St. Baltimore
5. Full Name of Mother Elizabeth Schuer
6. Mother's Maiden Name Elizabeth Roth
7. Mother's Birthplace Venustadt (Germany)
8. Full Name of Father Wilhelm Schuer
9. Father's Occupation Blacksmith
10. Father's Birthplace Katweil (Germany)
- Name of Medical Attendant, or other Person who makes this Return.
- Address
- Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

92645



To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second Child*
 1. Sex (state whether Male or Female) *Male*
 2. Race or Color (if not of the white race) *White*
 3. Date of Birth *31st of December 1877*
 4. Place of Birth (Street and Number) *13 North Child Chappel*
 5. Full Name of Mother *Charlie Kraft*
 6. Mother's Maiden Name *Charlie Kraft*
 7. Mother's Birthplace *Baltimore County*
 8. Full Name of Father *Charles Kraft*
 9. Father's Occupation *See Paragon*
 10. Father's Birthplace *Germany*
 Name of Medical Attendant, or other Person who makes this return *Cresencia / L. / L. / L.*
 Address *13 North Chappel*
 Remarks *Healthy*

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

22646



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th Child*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race)
3. Date of Birth *Dec 31st 1877*
4. Place of Birth (Street and Number) *No 223 Light st*
5. Full Name of Mother *Caroline East*
6. Mother's Maiden Name *Janes*
7. Mother's Birthplace *America*
8. Full Name of Father *Louis East*
9. Father's Occupation *Butcher*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this return *J. Lohrweber midwife*
- Address *213 Cross st.*
- Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race) white

3. Date of Birth December 31st 1877

4. Place of Birth (Street and Number) 9 West Fall Avenue

5. Full Name of Mother Katie Elizabeth Prendergast

6. Mother's Maiden Name " Shields

7. Mother's Birthplace Baltimore City Md.

8. Full Name of Father John Edward Prendergast

9. Father's Occupation Businessman

10. Father's Birthplace Baltimore County Md.

Name of Medical Attendant, or other Person who makes this Return. P. B. Dausch

Address 27 N. Broadway

Remarks

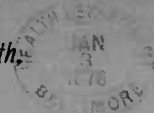
Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

22648

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th child 2d of
 1. Sex (state whether Male or Female) Male White
 2. Race or Color (if not of the white race) Brown skin
 3. Date of Birth 30th Decemr.
 4. Place of Birth (Street and Number) 87 North Enoch St
 5. Full Name of Mother Rebecca Horner
 6. Mother's Maiden Name Rebecca Bishop
 7. Mother's Birthplace Berlin County
 8. Full Name of Father William Horner
 9. Father's Occupation Master Shipcar
 10. Father's Birthplace Lancaster County
 Name of Medical Attendant, or other Person who makes this Return. Mid wife Harriet Pittman
 Address 120 N. 14th Enoch St
 Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

22649

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



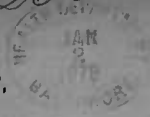
No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd
 1. Sex (state whether Male or Female) Male -
 2. Race or Color (if not of the white race) White
 3. Date of Birth December 31 - 1877.
 4. Place of Birth (Street and Number) 114 Harlem Ave.
 5. Full Name of Mother Emily M. Parrish
 6. Mother's Maiden Name " " Sanderson
 7. Mother's Birthplace Baltimore, Md -
 8. Full Name of Father James H. Parrish
 9. Father's Occupation Merchant -
 10. Father's Birthplace Balto. Md -
 Name of Medical Attendant, or other Person who makes this Return. John T. King, M.D.
 Address 76 Edmondson Ave.
 Remarks Natural Labor.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

22630



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *4th child,*
1. Sex (state whether Male or Female) *Female.*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *Dec. 31/77*
4. Place of Birth (Street and Number) *125 N. Stnickev St.*
5. Full Name of Mother *Emma Kate Strong*
6. Mother's Maiden Name *Tarusan*
7. Mother's Birthplace *Baltimore Md.*
8. Full Name of Father *Geo. W. Strong*
9. Father's Occupation *Letter Carrier*
10. Father's Birthplace *Baltimore Md.*
- Name of Medical Attendant, or other Person who make this Return. *H. R. Fetterhoff M.D.*
- Address *77 George St.*
- Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

22651

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c) 6th
 1. Sex (state whether Male or Female) Female
 2. Race or Color (if not of the white race) White
 3. Date of Birth December 31st 1877
 4. Place of Birth (Street and Number) No. 54. Bay St.
 5. Full Name of Mother Rebecca Stallias.
 6. Mother's Maiden Name Rebecca Brickmann.
 7. Mother's Birthplace Baltimore City
 8. Full Name of Father Hermann. Stallias.
 9. Father's Occupation Steadore
 10. Father's Birthplace Prussian
 Name of Medical Attendant, or other Person who makes this Return. Mrs. M. J. Bull.
 Address 185. S. E. Cor. Monument St. & Central Avenue.
 Remarks All Well.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

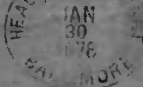
That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22652

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c) *Second*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *December 31. St. 1877*

4. Place of Birth (Street and Number) *No. 21. E. Wood Street.*

5. Full Name of Mother *Ellen Smith*

6. Mother's Maiden Name *Ellen Smith*

7. Mother's Birthplace *Baltimore.*

8. Full Name of Father *Unknown*

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. *Mrs. M. A. Batty.*

Address *No 185 St. E. cor. of Monument St. & Center st.*

Remarks *ill. Parke*

MISSING

22652 to 22842

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH.

22843

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

1st
Female
White
January 11 1878
206 Williams St
State Wickham
Kate Lambert
Ma.
J. D. Markham
Machinist
Once
J. B. Noble M.D.
17 Green St

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born; its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

228144

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1 child*
 1. Sex (state whether Male or Female) *female*
 2. Race or Color (if not of the white race) *White*
 3. Date of Birth *January 11 1878*
 4. Place of Birth (Street and Number) *Forest St 39*
 5. Full Name of Mother *Katharine Rooth*
 6. Mother's Maiden Name *" Lamp*
 7. Mother's Birthplace *Bavaria Europe*
 8. Full Name of Father *George Rooth*
 9. Father's Occupation *Shoemaker*
 10. Father's Birthplace *Sachsen Europe*
 Name of Medical Attendant, or other Person who makes this return *Mrs Rose Wally*
 Address *48 Hookland St*
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*
 1. Sex (state whether Male or Female) *Female*
 2. Race or Color (if not of the white race) *White*
 3. Date of Birth *11th of Jan. 1878.*
 4. Place of Birth (Street and Number) *207th Charant st.*
 5. Full Name of Mother *Mrs. J. E. R. Barthelplast*
 6. Mother's Maiden Name *J. Kelley.*
 7. Mother's Birthplace *Baltimore City.*
 8. Full Name of Father *J. E. R. Barthelplast.*
 9. Father's Occupation *Plaster.*
 10. Father's Birthplace *Baltimore City.*
 Name of Medical Attendant, or other Person who makes this Return. *Mary Water*
 Address *28 N. Hawkins*
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22846



To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

The 4th Female healthy

2. Race or Color (if not of the white race)

white

3. Date of Birth

born on The 12th of January 1878

4. Place of Birth (Street and Number)

56 Smalwood St.

5. Full Name of Mother

Maggie Miller

6. Mother's Maiden Name

M. Butterhoff

7. Mother's Birthplace

born in Bavaria Germany

8. Full Name of Father

Ch. Caspar Miller

9. Father's Occupation

Beer Brewer

10. Father's Birthplace

Bavaria Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Miller

Address

57 Smalwood St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race)
3. Date of Birth *January 12th 1878*
4. Place of Birth (Street and Number) *No 217 W. Pratt St*
5. Full Name of Mother *Mary E. Lawler*
6. Mother's Maiden Name *Mary E. Thraft*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Robert J. Lawler*
9. Father's Occupation *Picture Pedler*
10. Father's Birthplace *Pikesville Balto. Co*
- Name of Medical Attendant, or other Person who makes this return *Mrs Jane Winnebarger*
- Address *No 23 N. Liberty St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22,848

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Black

3. Date of Birth Baltimore 12

4. Place of Birth (Street and Number) 377 West St

5. Full Name of Mother Anne W. Spence

6. Mother's Maiden Name Anne Holbach

7. Mother's Birthplace Baltimore

8. Full Name of Father John Spence

9. Father's Occupation Shoemaker

10. Father's Birthplace Acramok

Name of Medical Attendant, or other Person who makes this return Henry Green

Address 181 York St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22849

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) _____
3. Date of Birth 12 January 1878
4. Place of Birth (Street and Number) 27 Harrison
King Florida
5. Full Name of Mother Rose
6. Mother's Maiden Name Ireland
7. Mother's Birthplace John Florida
8. Full Name of Father Salmer
Ireland
9. Father's Occupation _____
10. Father's Birthplace _____
- Name of Medical Attendant, or other Person who makes this return Sarah Cooper
53 E. Lombard
- Address _____
- Remarks _____

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22850

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c) 6th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) _____

3. Date of Birth Jan. 12th

4. Place of Birth (Street and Number) No: 412 W. Lombard St. Balt.

5. Full Name of Mother Annie Margaret Blair

6. Mother's Maiden Name " " Wissel

7. Mother's Birthplace Balt. Md.

8. Full Name of Father John P. Blair

9. Father's Occupation Tailor

10. Father's Birthplace Bavaria Germany

Name of Medical Attendant, or other Person who makes this Record. Mrs. Annie Dummer

Address

Remarks

Mrs Dummer 60 Shorter

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22857

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

Colored

3. Date of Birth

Jan'y 12th 1878

4. Place of Birth (Street and Number)

7161 South Dallas St

5. Full Name of Mother

Cassandra Thomas

6. Mother's Maiden Name

E. Johnson

7. Mother's Birthplace

Baltimore

8. Full Name of Father

David Thomas

9. Father's Occupation

Laborer

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs Leo Walker

Address

No. 200 S. Dallas St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22852

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *one Child one mother*

1. Sex (state whether Male or Female) *male*

2. Race or Color (if not of the white race) *Colored race*

3. Date of Birth *Jan the 12 1878*

4. Place of Birth (Street and Number) *Charm St 86*

5. Full Name of Mother *Fanny Jarvis*

6. Mother's Maiden Name *Fanny Charles*

7. Mother's Birthplace *Calvert Co Md*

8. Full Name of Father *James Jarvis*

9. Father's Occupation *Brickmaker*

10. Father's Birthplace *Calvert Co Md*

Name of Medical Attendant, or other Person who makes this Return. *Sunday Schoolford*

Address *Regester St 130 Baltimore*

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

N. 1
22853

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Fourth*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *July 12 - 1878*

4. Place of Birth (Street and Number) *311. North Hill Ave*

5. Full Name of Mother *Annie E. Craig Reese*

6. Mother's Maiden Name *Annie Craig*

7. Mother's Birthplace *Baltimore City*

8. Full Name of Father *Wm. P. Reese*

9. Father's Occupation *Clerk*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Wm. R. Bell, M.D.*

Address *71 Franklin St.*

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

228542

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Male
Colored
Born 12th
No 16 Bolton Street
Anna Augustus Johnson
Chester Town Eastern shire
Williams Thomas
Wagman
Eastern shire A.D.
Jas H. L. Smith
Walnut Alley No 39

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.

92855



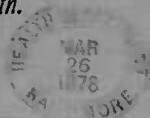
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Jan. 22 78
4. Place of Birth (Street and Number) Annapolis road
5. Full Name of Mother Johanna Mieltach half sister of B. 125.
6. Mother's Maiden Name Rinscke
7. Mother's Birthplace Prussia
8. Full Name of Father Christian Mieltach
9. Father's Occupation Dairy Keeper
10. Father's Birthplace Prussia
- Name of Medical Attendant, or other Person who makes this return Mary Koch
- Address 328 South Eutanst
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22856

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Col'd
3. Date of Birth 12 Jan. 1878
4. Place of Birth (Street and Number) Plumb Alley 46
5. Full Name of Mother Mary Gumber
6. Mother's Maiden Name " " Crowder
7. Mother's Birthplace Calbot Co. Ind
8. Full Name of Father Jacob Gumber
9. Father's Occupation Porter
10. Father's Birthplace Calbot Co
- Name of Medical Attendant, or other Person who makes this Return. Angelina Wilson
- Address Cross St 393 -
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22857

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether Male or Female) *female*

2. Race or Color (if not of the white race) *white*

3. Date of Birth *January 12. 1878*

4. Place of Birth (Street and Number) *W. Hanst St. No. 351.*

5. Full Name of Mother *Elizabeth Gruenewald*

6. Mother's Maiden Name *Weyck*

7. Mother's Birthplace *Przemysberg, Prussia*

8. Full Name of Father *Justus Gruenewald*

9. Father's Occupation *Cigar-maker*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this return *Mr. Johann Prussach*

Address *South Baltimore St. No. 218.*

Remarks *W. Weyck*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22858

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

white

3. Date of Birth

January 12, 1878

4. Place of Birth (Street and Number)

Constitution No 34

5. Full Name of Mother

Anna Schlegel

6. Mother's Maiden Name

Heinrich

7. Mother's Birthplace

Columbia

8. Full Name of Father

Frank Schlegel

9. Father's Occupation

Farmer

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this return

Mrs. Mary Kraus

Address

Constitution No 34

Remarks

M. D. S. J.

RETURN OF A BIRTH.

22859

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



Child of Mother (state whether 1st, 2d, 3d, &c.)

(state whether Male or Female)

or Color (if not of the white race)

of Birth

of Birth (Street and Number)

Name of Mother

er's Maiden Name

er's Birthplace

Name of Father

er's Occupation

er's Birthplace

ne of Medical Attendant, or other Person who makes this Return.

dress

marks

female
white race
January the 12th
Baltimore Bure St No 10
Margaret Rockis
Margaret Stirling
Baltimore
Edward B. Rockis
laborer
Baltimore
Elizabeth Hethorn
post. av. No 6

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22860

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Fourth.

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

January 12th 1878

4. Place of Birth (Street and Number)

Portland St. Number 67

5. Full Name of Mother

Lucia, Margaret, Rohleder

6. Mother's Maiden Name

" " Wehage

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Joseph A Rohleder

9. Father's Occupation

Porter

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs Gerstenberg.

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22561

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c) *Baltimore the 8th. line*
 1. Sex (state whether Male or Female) *Female*
 2. Race or Color (if not of the white race) *White*
 3. Date of Birth *January 12 of the month 1875*
 4. Place of Birth (Street and Number) *N. Gardine St. No 55*
 5. Full Name of Mother *Sarah Jane Thompson*
 6. Mother's Maiden Name *Sarah Jane Bell*
 7. Mother's Birthplace *Baltimore City*
 8. Full Name of Father *James Thompson*
 9. Father's Occupation *Brass Finisher*
 10. Father's Birthplace *Baltimore City*
 Name of Medical Attendant, or other Person who makes this Return. *Mrs. B. S.*
 Address *No 155 E. Cor. Monument & E. Ave. W.*
 Remarks *Re. Parallels W.*

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Male

colored

12

Wilmore ave 16

homer Storcks

homer brooklyn

green spring ball tinor cov

arther Storcks

labring work

an arondell county

Shortlet Goldsboro

19 W. W. Daley ball tinore

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22862

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Sunday Jan'y 13th 1878*

4. Place of Birth (Street and Number) *252 George St*

5. Full Name of Mother *Rebecca S. Rous*

6. Mother's Maiden Name *Rebecca S. Brandt*

7. Mother's Birthplace *Baltimore City*

8. Full Name of Father *James Armitage Rous*

9. Father's Occupation *Steam fitter*

10. Father's Birthplace *Baltimore City*

Name of Medical Attendant, or other Person who makes this Return. *Mrs Dumbler*

Address *Schroeder St - Baltimore City*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22864

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

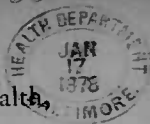


- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 U 1111
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth: 13 Jan'y 1878
4. Place of Birth (Street and Number) 757 Eastern Ave
5. Full Name of Mother Hannah Elizabeth Beate
6. Mother's Maiden Name Hannah Elizabeth Coallin
7. Mother's Birthplace Baltimore
8. Full Name of Father George Beate
9. Father's Occupation Labour
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs Louisa Smith
- Address the child's name is Margrath Elizabeth Beate
- Remarks the child is healthy

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children, born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22865



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2. Child

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth January 12, 1878

4. Place of Birth (Street and Number) 1000 Washington St. Baltimore

5. Full Name of Mother Elizabeth A. Willey

6. Mother's Maiden Name Willey

7. Mother's Birthplace Baltimore

8. Full Name of Father William C. Willey

9. Father's Occupation Lawyer

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this return Louisa Willey

Address Patson Park avenue NE

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22866

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether Male or Female) Colored

2. Race or Color (if not of the white race) White

3. Date of Birth 19 January

4. Place of Birth (Street and Number) 229 Lombard St

5. Full Name of Mother Sarah Russell

6. Mother's Maiden Name Sarah H. Hatcher

7. Mother's Birthplace Eastern MD

8. Full Name of Father Major Russell

9. Father's Occupation Soldier

10. Father's Birthplace Calvert County MD

Name of Medical Attendant, or other Person who makes this return

Address 181 York St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22867

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



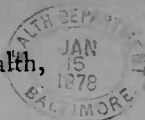
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Jan 13/78*
4. Place of Birth (Street and Number) *163 W Lombard St*
5. Full Name of Mother *Sarah Hawkins*
6. Mother's Maiden Name *Elliott*
7. Mother's Birthplace *Mo*
8. Full Name of Father *Jos Hawkins*
9. Father's Occupation
10. Father's Birthplace *Mexico*
- Name of Medical Attendant, or other Person who makes this return *Dr Hunter McCre*
- Address *163 W Lombard St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22868

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



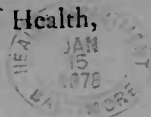
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Jan 13/78*
4. Place of Birth (Street and Number) *163 W Lombard st*
5. Full Name of Mother *Mrs Mary M Aray*
6. Mother's Maiden Name *Frost*
7. Mother's Birthplace *MO*
8. Full Name of Father *Edward Aray*
9. Father's Occupation *Ship Carpenter*
10. Father's Birthplace *MO*
- Name of Medical Attendant, or other Person who makes this return *D. H. Birnbaum M.D.*
- Address *163 W Lombard*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22869

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Jan 13/78*
4. Place of Birth (Street and Number) *163 W Lombard St*
5. Full Name of Mother *Larena Jones*
6. Mother's Maiden Name *M*
7. Mother's Birthplace *M*
8. Full Name of Father *John McNeill*
9. Father's Occupation
10. Father's Birthplace
- Name of Medical Attendant, or other Person who makes this return *D. Hunter McNeil*
- Address *163 W Lombard*
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22870

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 13 January

4. Place of Birth (Street and Number) No 6 Harford Ave

5. Full Name of Mother Annie V Gephart

6. Mother's Maiden Name Hopkins

7. Mother's Birthplace Baltimore

8. Full Name of Father Wm Gephart

9. Father's Occupation Brakesman

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. I. Hopkins

Address No 7 Forrest Ave

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22871

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th*
 1. Sex (state whether Male or Female) *Male*
 2. Race or Color (if not of the white race) *White*
 3. Date of Birth *January 16 13th 1878*
 4. Place of Birth (Street and Number) *No 57 Union Street*
 5. Full Name of Mother *Margaretha Müller*
 6. Mother's Maiden Name *" " Spitzel*
 7. Mother's Birthplace *Germany*
 8. Full Name of Father *John Müller*
 9. Father's Occupation *Shoe Maker*
 10. Father's Birthplace *Germany*
 Name of Medical Attendant, or other Person who makes this return *Theresia Eigeldinger*
 Address *No 14 Union Street*
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22872

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



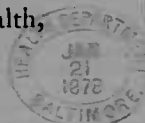
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) _____
3. Date of Birth 13th January
4. Place of Birth (Street and Number) 227 Monument
5. Full Name of Mother Mary Bremer
6. Mother's Maiden Name Kaiser
7. Mother's Birthplace N. States
8. Full Name of Father Charles Bremer
9. Father's Occupation Printer
10. Father's Birthplace N. States
- Name of Medical Attendant, or other Person who makes this return Sarah Cooper
- Address 525 Lombard
- Remarks _____

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22873

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) _____
3. Date of Birth 13th January 1878
4. Place of Birth (Street and Number) 202 Hong St
5. Full Name of Mother Charlotte Becker
6. Mother's Maiden Name Galbraith
7. Mother's Birthplace N. States
8. Full Name of Father Phillip Becker
9. Father's Occupation Clerk
10. Father's Birthplace N. States
- Name of Medical Attendant, or other Person who makes this return Dorah Cooper
- Address 52 E. Lombard
- Remarks _____

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22874

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Jan 13, 1878

4. Place of Birth (Street and Number)

112 N. Avenue St

5. Full Name of Mother

Mrs Daffy

6. Mother's Maiden Name

Ireland

7. Mother's Birthplace

Grange Daffy

8. Full Name of Father

Coachman

9. Father's Occupation

Ireland

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

J. J. Doherty

Address

219 N. Carey St

Remarks

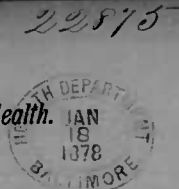
Child died a few moments after birth

*Caused by protracted labor & great pressure, very large child
22 lbs. 10 oz.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *fourth*
1. Sex (state whether Male or Female) _____
2. Race or Color (if not of the white race) *colored*
3. Date of Birth *Nov 200 nullin St Jan 13 1878*
4. Place of Birth (Street and Number) _____
5. Full Name of Mother *Anna Wilson*
6. Mother's Maiden Name *Ellenberry*
7. Mother's Birthplace _____
8. Full Name of Father *John Wilson*
9. Father's Occupation *labor*
10. Father's Birthplace *Baltimore city*
- Name of Medical Attendant, or other Person who makes this Return. *Laran walse*
- Address *No 128 South delles St*
- Remarks _____

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22576

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4d*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *January 13th 1878*
4. Place of Birth (Street and Number) *4 Point Lane*
5. Full Name of Mother *Marie Kaenig*
6. Mother's Maiden Name *Marie Beresch*
7. Mother's Birthplace *German*
8. Full Name of Father *Friedrich Kaenig*
9. Father's Occupation *Cariter*
10. Father's Birthplace *German*
- Name of Medical Attendant, or other Person who makes this return *Chas. R. Rüdiger*
- Address *134 N. Bond Street*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22877

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



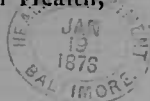
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 13 January
4. Place of Birth (Street and Number) 298 Central Ave
5. Full Name of Mother Lizzie Mary Hill
6. Mother's Maiden Name Schöckel
7. Mother's Birthplace Germany
8. Full Name of Father Charles Hill
9. Father's Occupation Carpenter
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this return Carpenter Simon
- Address No. 70 Grosvenor
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22,878

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th Child*

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race) *White*

3. Date of Birth *January 13, 1878.*

4. Place of Birth (Street and Number) *Douglas St. No. 40.*

5. Full Name of Mother *Margaretha Schoene.*

6. Mother's Maiden Name *Margaretha Fronh*

7. Mother's Birthplace *Angersbach. Gr. Hessen. Germany*

8. Full Name of Father *Otto Schoene.*

9. Father's Occupation *Shoemaker.*

10. Father's Birthplace *Heimershausen. N. Prussen. Germany*

Name of Medical Attendant, or other Person who makes this return *Mary E. Muller*

Address *N. Dallas St. No. 26*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22879

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Jan 13 1878
4. Place of Birth (Street and Number) 114 High
5. Full Name of Mother Annie Harrison
6. Mother's Maiden Name " Harris
7. Mother's Birthplace Maryland
8. Full Name of Father Harrison Henderson
9. Father's Occupation Farmer
10. Father's Birthplace Maryland
- Name of Medical Attendant, or other Person who makes this Return.
- Address
- Remarks

Sam'l J. Bell, M.D.
134 N. Euter St.
Pract. Ind.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22880

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st child*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *13th January 1875*
4. Place of Birth (Street and Number) *13th St. Baltimore*
5. Full Name of Mother *Elizabeth*
6. Mother's Maiden Name *Brooks*
7. Mother's Birthplace *Eastern Shore Maryland*
8. Full Name of Father *James*
9. Father's Occupation *Charles*
10. Father's Birthplace *Eastern Shore Maryland*
Name of Medical Attendant, or other Person who makes this return *Dr. J. H. Smith*
Address *13th St. Baltimore*
Remarks *Healthy child*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22887

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother.

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this return

Address

Remarks

9th
Male
White
Jan 13 1878
145 Montgomery St
Mattie J. Pettit
Mattie J. Cook
Virginia
J. L. Pettit
Foreman at John Foundry
C. New York
Theodore Cook M.D.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22889

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c) 2d,
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth January 13th 1898.
4. Place of Birth (Street and Number) Balair Road.
5. Full Name of Mother Lizzie Stanny
6. Mother's Maiden Name Lizzie Klein
7. Mother's Birthplace Baltimore
8. Full Name of Father Robert Stanny.
9. Father's Occupation Carpenter
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Lena H. Hager.
- Address No 182. Monument st.
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Jan. 13th 78*

4. Place of Birth (Street and Number) *58 Camden St.*

5. Full Name of Mother *Agustas Rock*

6. Mother's Maiden Name *Stegeman*

7. Mother's Birthplace *Prussia*

8. Full Name of Father *Wm. Rock*

9. Father's Occupation *Cabinet-maker*

10. Father's Birthplace *Prussia*

Name of Medical Attendant, or other Person who makes this return *Mary Rich*

Address *325 E. Calver St.*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22884

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th Child*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *February 17th 9³⁰ A.M. 1878*
4. Place of Birth (Street and Number) *141 Bank Cr. Newbliss*
5. Full Name of Mother *Eliza Walters*
6. Mother's Maiden Name *Eliza Dinham*
7. Mother's Birthplace *Baltimore Md*
8. Full Name of Father *Wm. H. Walters*
9. Father's Occupation *Colored Painter*
10. Father's Birthplace *Baltimore Md*
- Name of Medical Attendant, or other Person who makes this Return. *James C. Reville M.D.*
- Address *27 E. Baltimore St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22885

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1 child*
1. Sex (state whether Male or Female) *female*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *January 13 1878*
4. Place of Birth (Street and Number) *117 Luzern st*
5. Full Name of Mother *Martta Fowler*
6. Mother's Maiden Name *Martta Chard*
7. Mother's Birthplace *Annapolis co*
8. Full Name of Father *Richard Fowler*
9. Father's Occupation *laborer*
10. Father's Birthplace *Annapolis co*
- Name of Medical Attendant, or other Person who makes this Return *Bachel an n gorrett*
- Address *1133 alicam na St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22886



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d.
1. Sex (state whether Male or Female) Female.
2. Race or Color (if not of the white race) White
3. Date of Birth January 13th 1878
4. Place of Birth (Street and Number) Pennington Street No 8.
5. Full Name of Mother Funegilma Chm.
6. Mother's Maiden Name Funegilma Belle.
7. Mother's Birthplace Germany.
8. Full Name of Father Michael Chm.
9. Father's Occupation Boiler maker
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this return Dorothea Bruen
- Address 114 Battery Av.
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar abroad, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born in or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

22887



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Eighth
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Jan 13th 1878
4. Place of Birth (Street and Number) Bolton Alley near Wilson St.
5. Full Name of Mother Margaret Pennaker
6. Mother's Maiden Name Gleason
7. Mother's Birthplace Ireland
8. Full Name of Father Patrick Pennaker
9. Father's Occupation Labourer
10. Father's Birthplace Ireland
- Name of Medical Attendant, or other Person who makes this Return. J. P. Christian
- Address 431 Penna. Ave.
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children, born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH.

22858

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) second
1. Sex (state whether Male or Female) girl
2. Race or Color (if not of the white race) Crown skin
3. Date of Birth thirtieth
4. Place of Birth (Street and Number) wrights alby 1010
5. Full Name of Mother Esteller Harris
6. Mother's Maiden Name Esteler Harris
7. Mother's Birthplace Baltimore
8. Full Name of Father Charles Williams
9. Father's Occupation a laborer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Lydia Somerville
- Address 13 clinton avenue
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22889

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 18 January
4. Place of Birth (Street and Number) 14 Hallman St
5. Full Name of Mother Catherine Frazier
6. Mother's Maiden Name Buckie
7. Mother's Birthplace Baltimore
8. Full Name of Father Richard Frazier
9. Father's Occupation Boys Finisher
10. Father's Birthplace Charleston S C
Name of Medical Attendant, or other Person who makes this Return. Wm. J. Chrismer
Address No 7 Forrest Place
Remarks No 7 Forrest Place

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22890

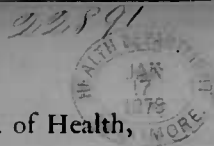


To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*
- Sex (state whether Male or Female) *Male*
 - Race or Color (if not of the white race) *White*
 - Date of Birth *Jan. 14th 1878*
 - Place of Birth (Street and Number) *291 Gaylen Ave.*
 - Full Name of Mother *Caroline Meyer*
 - Mother's Maiden Name *Caroline Schenck*
 - Mother's Birthplace *America*
 - Full Name of Father *James Schenck*
 - Father's Occupation *Farmer*
 - Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this return *Wm. Henry Hume*
- Address *No. 137 W. 8th St.*
- Remarks *W.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *14 January*
4. Place of Birth (Street and Number) *25 Central Ave*
5. Full Name of Mother *Lizzie Ellen Hansen*
6. Mother's Maiden Name *Heiser*
7. Mother's Birthplace *Amplis*
8. Full Name of Father *Herman Ellen Hansen*
9. Father's Occupation *Fireman*
10. Father's Birthplace *Boymark*
- Name of Medical Attendant, or other Person who makes this return *Sophia Simons*
- Address *No 70 Gough St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22892



To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 14 Jan
4. Place of Birth (Street and Number) Josephine ~~road~~ no 1
5. Full Name of Mother Caroline Smith
6. Mother's Maiden Name Caroline Meyer
7. Mother's Birthplace Germany
8. Full Name of Father John Smith
9. Father's Occupation Cabinet Maker
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Catherine Sebrook
- Address 439 West Pratt st
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22893

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

3^d

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White.

3. Date of Birth

January 14th 1878.

4. Place of Birth (Street and Number)

No 92 Dexter. St

5. Full Name of Mother

Alice M^c Daniel.

6. Mother's Maiden Name

Alice Richardson.

7. Mother's Birthplace

Baltimore

8. Full Name of Father

William M^c Daniel

9. Father's Occupation

Cooper

10. Father's Birthplace

Baltimore.

Name of Medical Attendant, or other Person who makes this Return.

Dr. J. H. Kilgus

Address

No 182. E Monument St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22894

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2^d*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *January 14 1878.*
4. Place of Birth (Street and Number) *No. 167. Chestnut St.*
5. Full Name of Mother *Mary Allison.*
6. Mother's Maiden Name *Mary J. Hill.*
7. Mother's Birthplace *Baltimore.*
8. Full Name of Father *Christopher Allison.*
9. Father's Occupation *Barber.*
10. Father's Birthplace *Washington*
- Name of Medical Attendant, or other Person who makes this Return. *Jenna H. McQuest.*
- Address *No 182. Monument Street.*
- Remarks

That any physician, nurse, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22895

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 *Skilled*
 1. Sex (state whether Male or Female) *Female*
 2. Race or Color (if not of the white race) *Colored*
 3. Date of Birth *Jan 14th 1878*
 4. Place of Birth (Street and Number) *191 Dockum st*
 5. Full Name of Mother *Betty Walter*
 6. Mother's Maiden Name *Betty Jonson West va*
 7. Mother's Birthplace *West va*
 8. Full Name of Father *George Walter*
 9. Father's Occupation *Laborer*
 10. Father's Birthplace *Baltimore*
 Name of Medical Attendant, or other Person who makes this return *Mary Jacob*
 Address *99 Sanson St*
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22896

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d.
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth January 14th 1878
4. Place of Birth (Street and Number) 1115 North Avenue West
5. Full Name of Mother Louise Koeler
6. Mother's Maiden Name L. Fiedla
7. Mother's Birthplace Baltimore
8. Full Name of Father Hennrich Koeler
9. Father's Occupation Barber
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this return Wm. R. Ruediger
- Address 44 Bond Street
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22897

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) _____
1. Sex (state whether Male or Female) _____
2. Race or Color (if not of the white race) _____
3. Date of Birth _____ Jan 14 1878
4. Place of Birth (Street and Number) _____ 24 94 E Madison St
5. Full Name of Mother _____ Melina Galter
6. Mother's Maiden Name _____ Melina Ash
7. Mother's Birthplace _____ Baltimore Md
8. Full Name of Father _____ Louis Galter
9. Father's Occupation _____
10. Father's Birthplace _____ Baltimore Md
- Name of Medical Attendant, or other Person who makes this Return. _____ J. H. Patterson M.D.
- Address _____ 28 Franklin Ave
- Remarks _____

I am any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22898

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second child*
 1. Sex (state whether Male or Female) *Female*
 2. Race or Color (if not of the white race) *White*
 3. Date of Birth *14th January 1878*
 4. Place of Birth (Street and Number) *No 367 N. Durham St*
 5. Full Name of Mother *Mary Louise Sitterding*
 6. Mother's Maiden Name *Mary Louise Boesler*
 7. Mother's Birthplace *Newburn N. Carolina*
 8. Full Name of Father *John Henry Sitterding*
 9. Father's Occupation *Blacksmith*
 10. Father's Birthplace *Baltimore Maryland*
 Name of Medical Attendant, or other Person who makes this return *Darius D. Babcock*
 Address *1226 N. Broadway*
 Remarks

That any physician, second sur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. ^{Case} 22899

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name: Lewis Charles Scheffenacker

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks



male
white
January 14th 1878

Hull St near Fort Avenue

Elizabeth Scheffenacker

" Miller

Baltimore City Md

Charles Scheffenacker

Wheelwright

Samuel J. G. Dauschmd

27 N. Broadway

The attending physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22900

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Jan 14th 1878
4. Place of Birth (Street and Number) 105 Arlington Avenue
5. Full Name of Mother Mary Eliza Keister
6. Mother's Maiden Name Mary Eliza Hoffman
7. Mother's Birthplace Baltimore
8. Full Name of Father William H. Keister
9. Father's Occupation Merchant
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Harry L. Byrd M.D.
- Address 139 N. Arlington Avenue
- Remarks Virtu permatum. Labor natural.
24 hours. Immatum. Motion & Child doing well.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22901

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4 child*
 1. Sex (state whether Male or Female) *female*
 2. Race or Color (if not of the white race) *white*
 3. Date of Birth *January 14 1878*
 4. Place of Birth (Street and Number) *162 hudson st*
 5. Full Name of Mother *Rosanna Cox*
 6. Mother's Maiden Name *Rosanna mac*
 7. Mother's Birthplace *Ireland*
 8. Full Name of Father *Hugh Cox*
 9. Father's Occupation *waterman*
 10. Father's Birthplace *Ireland*
 Name of Medical Attendant, or other Person who makes this return *Reachel Ann Margaret*
 Address *133 Alicean na St*
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

8th
Female
white
Jan. 14th 1878
34 O'Donnell St. Canton
Delaware Miller
do Thompson
Virginia
J. B. Miller
Carpenter
Easton, Pa.
R. W. Mansfield M.D.
117 S. B. Madison

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3^d
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth January 14th 1878
4. Place of Birth (Street and Number) 246 Hamburg St.
5. Full Name of Mother Mat. Mary. Herbert.
6. Mother's Maiden Name Grace Baltimore
7. Mother's Birthplace Baltimore
8. Full Name of Father John Herbert.
9. Father's Occupation Cigar-maker
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this return Mary. Koch
- Address 328 South Enoch St.
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22904

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *5*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Jan 14 1878*

4. Place of Birth (Street and Number) *139 Duncannon St*

5. Full Name of Mother *A. B. Beiler*

6. Mother's Maiden Name *A. B. Fisher*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *George Beiler*

9. Father's Occupation *Copier*

10. Father's Birthplace *Germany*

Name of Medical Attendant, or other Person who makes this Return. *Messrs. E. Trapp*

Address *193 So. Chester St*

Remarks *Hetty*

And any person, who, upon an inquiry, into the birth of a child, shall neglect to report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

22905

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



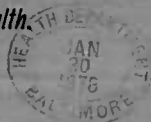
- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th.
1. Sex (state whether Male or Female) Female.
2. Race or Color (if not of the white race) White.
3. Date of Birth Jan 14, 1878.
4. Place of Birth (Street and Number) 197 George St.
5. Full Name of Mother Annie Foulard.
6. Mother's Maiden Name King.
7. Mother's Birthplace Baltimore
8. Full Name of Father John T. Foulard
9. Father's Occupation Clerk
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Dr. W. P. Morgan
- Address 175 Saratoga
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22906

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c) *Second*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *January 14th 1878*
4. Place of Birth (Street and Number) *No 123 East Biddle st*
5. Full Name of Mother *Lizzie Kidd*
6. Mother's Maiden Name *Lizzie Redon*
7. Mother's Birthplace *Baltimore Co Md*
8. Full Name of Father *J. S. Kidd*
9. Father's Occupation *Carpenter*
10. Father's Birthplace *Fedrick Co Md*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. M. A. Bull*
- Address *No 185 F. E. Cor. of Monument St. D. Central*
- Remarks *Parasitic Moll.*

RETURN OF A BIRTH.

22907

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 child

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) White

3. Date of Birth January 14th 1879

4. Place of Birth (Street and Number) Eager St 212

5. Full Name of Mother Wilhelmina Kause

6. Mother's Maiden Name " Branch

7. Mother's Birthplace Baden Europe

8. Full Name of Father George Kause

9. Father's Occupation Labor

10. Father's Birthplace Bavaria Europe

Name of Medical Attendant, or other Person who makes this return Mrs Rose Uelby

Address 48 Holland St

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22908

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 child
1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) White
3. Date of Birth January 14th 1898
4. Place of Birth (Street and Number) Monument St 156
5. Full Name of Mother Louisa Pulino
6. Mother's Maiden Name " Rieffel
7. Mother's Birthplace Werning, Europe
8. Full Name of Father Louis Pulino
9. Father's Occupation Carpenter
10. Father's Birthplace Limburg, Europe
- Name of Medical Attendant, or other Person who makes this return Mrs Rose Kelly
- Address 18 Holland St.
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22909

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

Colored

3. Date of Birth

4. Place of Birth (Street and Number)

96 Euston St.
Susan Wheeler

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

Harford Co. Md.

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

E. Hall, Cutler St.
187 W. 4th St.

Remarks

Mother of the child not married

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22910



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st and 2nd*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *September 21 1874*
4. Place of Birth (Street and Number) *South St 204*
5. Full Name of Mother. *Louisa Larson*
6. Mother's Maiden Name *Larson*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Louis Condy*
9. Father's Occupation *He is a grass*
10. Father's Birthplace *Baltimore City*
- Name of Medical Attendant, or other Person who makes this return *non mid wife*
- Address *Elizabeth Foster*
- Remarks

not wise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22911

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fifth
Male
White

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

January 15th 1878

4. Place of Birth (Street and Number)

#164 J. Ann Str 4th

5. Full Name of Mother

Mary Medinger Hodges.

6. Mother's Maiden Name

Mary Medinger

7. Mother's Birthplace

America

8. Full Name of Father

Saml R. Hodges

9. Father's Occupation

Laborer

10. Father's Birthplace

America

Name of Medical Attendant, or other Person who makes this return

Mrs Mary E. Simms

Address

No 203 W Washington Str.

Remarks

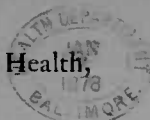
J.P.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22912

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fifth*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Jan'y 15th 1878*
4. Place of Birth (Street and Number) *No 496 Canton Ave W.P.*
5. Full Name of Mother *Ely Hess Fulbauer*
6. Mother's Maiden Name *Ely Hess*
7. Mother's Birthplace *America*
8. Full Name of Father *Chas Fulbauer*
9. Father's Occupation *Wagon Driver*
10. Father's Birthplace *Germany*
Name of Medical Attendant, or other Person who makes this return *Mr 203 Washington St*
Address *Mrs Mary Collins*
Remarks *Lu*

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22913



To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

the 1st Male healthy

2. Race or Color (if not of the white race)

white

3. Date of Birth

born on the 15th of January 1878

4. Place of Birth (Street and Number)

44 Federal St.

5. Full Name of Mother

Gottlieb Maria Shiller

6. Mother's Maiden Name

Ms. Engel

7. Mother's Birthplace

born in the City of Balt.

8. Full Name of Father

Gottlieb Shiller

9. Father's Occupation

Sattler

10. Father's Birthplace

born in Prussia, Germany

Name of Medical Attendant, or other Person who makes this Return

Ms. Shiller

Address

57 S. Calver St.

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22914

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *January 15th 1878*
4. Place of Birth (Street and Number) *No 49 Dover St.*
5. Full Name of Mother *Caroline Hopkins*
6. Mother's Maiden Name *Caroline Boyer*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Robert Hopkins*
9. Father's Occupation *Porter*
10. Father's Birthplace *Howard co Md*
- Name of Medical Attendant, or other Person who makes this return *Mrs Jane Winneberger*
- Address *No 23 N. Liberty St.*
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22915

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth January 15th 1878
4. Place of Birth (Street and Number) No 419 Alice Ann str
5. Full Name of Mother Barbara Miller
6. Mother's Maiden Name " Schnepfer's str
7. Mother's Birthplace Germany
8. Full Name of Father George Miller
9. Father's Occupation Laborer
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this return Mrs Elizabeth Buschmann
- Address 0 Bank str
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 22916

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

The Ninth

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

3. Date of Birth

Tuesday January 15th

4. Place of Birth (Street and Number)

346 Preston St

5. Full Name of Mother

Henrietta Susanna Elliott

6. Mother's Maiden Name

Henrietta Susanna Harrison

7. Mother's Birthplace

Lo Marboe Calvert County Maryland

8. Full Name of Father

James Belt Elliott

9. Father's Occupation

Rail Road Conductor

10. Father's Birthplace

Ann Arundel County Md

Name of Medical Attendant, or other Person who makes this Return.

Julius Hall M.D.
317 Mosher St

Address

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22917

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race)

3. Date of Birth 15 January

4. Place of Birth (Street and Number) 3 Second St.

5. Full Name of Mother Sarah Rosenberg

6. Mother's Maiden Name " Kirsh

7. Mother's Birthplace Germany

8. Full Name of Father Samuel Rosenberg

9. Father's Occupation Shoe-store

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this return Sarah Carpenter

Address 52 E. Lombard

Remarks

advised at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22918

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st child*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *15th January 1878*
4. Place of Birth (Street and Number) *Eastern shore*
5. Full Name of Mother *Anna Cooper*
6. Mother's Maiden Name *Anna Cooper*
7. Mother's Birthplace *Eastern shore*
8. Full Name of Father _____
9. Father's Occupation _____
10. Father's Birthplace _____
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Lee Walker*
- Address *200 S. Dallas St*
- Remarks _____

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22919

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th child
Male

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

Jan 15 1878
148 Park St

4. Place of Birth (Street and Number)

5. Full Name of Mother

Katharine Pear

6. Mother's Maiden Name

Perber

7. Mother's Birthplace

Germany

8. Full Name of Father

Heinrich Pear

9. Father's Occupation

Shoemaker

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this return

J. Schaeffer midwife
213 Cross St.

Address

Remarks

within six days therefor, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22920

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1 Jane
1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race)
3. Date of Birth January 18.
4. Place of Birth (Street and Number) Baltimore N. 76 Lemon St
5. Full Name of Mother Mary Joseph Dougherty
6. Mother's Maiden Name Mary J. Walsh
7. Mother's Birthplace Baltimore
8. Full Name of Father George W. Dougherty
9. Father's Occupation Painter
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Rosey Anderson
- Address N. 76 Lemon St.
- Remarks

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22921



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 15 January
4. Place of Birth (Street and Number) No 126 N Gay Street
5. Full Name of Mother Wilhelmina Faber
6. Mother's Maiden Name Wickbucht
7. Mother's Birthplace Germany
8. Full Name of Father Peter J. Faber
9. Father's Occupation Preacher
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this return Saffia Simon
- Address No 70 Greenly Street
- Remarks

Report to the Registrar aforesaid, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22922

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex (state whether Male or Female) _____
2. Race or Color (if not of the white race) White
3. Date of Birth Jan 13th 1878
4. Place of Birth (Street and Number) 57 Park Row St.
5. Full Name of Mother Ellen Corbrey
6. Mother's Maiden Name " Toth
7. Mother's Birthplace Baltimore
8. Full Name of Father Jas. Corbrey
9. Father's Occupation Mechanic
10. Father's Birthplace Baltimore
Name of Medical Attendant, or other Person who makes this Return. H. J. S. P. M. D.
Address 379 McComb St.
Remarks _____

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22923

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd Child*

1. Sex (state whether ~~Male~~ Female)

2. Race or Color (if not of the white race) *White*

3. Date of Birth *January the, 15. 1878*

4. Place of Birth (Street and Number) *Hampstead St. No. 69.*

5. Full Name of Mother *Ella Darr*

6. Mother's Maiden Name *Ella Snee*

7. Mother's Birthplace *Baltimore City*

8. Full Name of Father *Patrick Darr*

9. Father's Occupation *Sugar Refiner*

10. Father's Birthplace *County Denyal. N. Yr. Brissarua .. Europe*

Name of Medical Attendant, or other Person who makes this return *Mary E. Muller*

Address *N. Dallas St. No. 26.*

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22924

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Seventh
Female
White

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

January 15th 1878
#44 Duncan Alley

4. Place of Birth (Street and Number)

5. Full Name of Mother

Barbara Amrein
Barbara Friedel

6. Mother's Maiden Name

7. Mother's Birthplace

Bavaria

8. Full Name of Father

Phillip Amrein

9. Father's Occupation

Copper

10. Father's Birthplace

Bavaria

Name of Medical Attendant, or other Person who makes this Return.

Dr. Lederer

Address

#25 S. Durham St.

Remarks

salvage at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or child-
born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22925

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

10th

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Jan. 13th 1878

4. Place of Birth (Street and Number)

124 Grafting St

5. Full Name of Mother.

Aveta Benson

6. Mother's Maiden Name

Mertta Johnson

7. Mother's Birthplace

Dorchester Co. Md

8. Full Name of Father

James Benson

9. Father's Occupation

Log splitter

10. Father's Birthplace

Baltimore Md

Name of Medical Attendant, or other Person who makes this return

Theodore Cooke M.D.

Address

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th 1st*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Jan 15 1878*

4. Place of Birth (Street and Number) *205 Henriette St*

5. Full Name of Mother *Lizzie Miller*

6. Mother's Maiden Name *Jillich*

7. Mother's Birthplace *St. Louis*

8. Full Name of Father *John Miller*

9. Father's Occupation *Day Driver*

10. Father's Birthplace *Kurhausen*

Name of Medical Attendant, or other Person who makes this return *Mary Root*

Address *328 Jones Street*

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2299.7

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c) *first*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *January 15th 1898*

4. Place of Birth (Street and Number) *No. 218 E. Eager street*

5. Full Name of Mother *Mrs. G. Schling*

6. Mother's Maiden Name *Mary Hartlobe*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *Nicolaus Schling*

9. Father's Occupation *Cigar-maker*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Mrs. M. J. Butt*

Address *1018 S. X Centre Avenue S. E. Cor. of Monument St.*

Remarks *Rel. M.*

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 22928

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first
1. Sex (state whether Male or Female) boy
2. Race or Color (if not of the white race) white
3. Date of Birth 15 tenth of jan
4. Place of Birth (Street and Number) 312 franklin St
5. Full Name of Mother rose pates
6. Mother's Maiden Name rose wilkinson
7. Mother's Birthplace richmond
8. Full Name of Father albert pates
9. Father's Occupation granite cutter
10. Father's Birthplace baltimore
- Name of Medical Attendant, or other Person who makes this Return. Lydia Somerville
- Address Clinton avenue
- Remarks

RETURN OF A BIRTH.

22929

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

15th Jan. 1878.

4. Place of Birth (Street and Number)

224 Dallas st.

5. Full Name of Mother

Anna Lewis

6. Mother's Maiden Name

Anna Linn

7. Mother's Birthplace

Baltimore City

8. Full Name of Father

William Lewis

9. Father's Occupation

Water steward.

10. Father's Birthplace

Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

Mary Wall

Address

125 N. Caroline st.

Remarks

REMARKS: State distinctly the date of birth, sex, and color of the child or children within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22930

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Jan. 16th 1878

4. Place of Birth (Street and Number)

155 So. Anne St.

5. Full Name of Mother

Mary Carter

6. Mother's Maiden Name

Mary Engelbrecht

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Henry J. Carter

9. Father's Occupation

Clerk

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

L. L. Pitkin M.D.

Address

104 So. Broadway

Remarks

RETURN OF A BIRTH.

22931

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *male*
2. Race or Color (if not of the white race) *wht*
3. Date of Birth *16 Jan. 1878*
4. Place of Birth (Street and Number) *274 Penn av*
5. Full Name of Mother *Anna Hand*
6. Mother's Maiden Name *Kane*
7. Mother's Birthplace *Ireland*
8. Full Name of Father *Thos Hand*
9. Father's Occupation *R.R. Employe*
10. Father's Birthplace *N.Y.*
- Name of Medical Attendant, or other Person who makes this Return. *Dr L. T. Campbell*
- Address *129 W. Biddle St.*
- Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Report to the Registrar, within the City of Baltimore, and report to the Registrar, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

229321

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) _____
3. Date of Birth 16 January
4. Place of Birth (Street and Number) 85 Leonard St.
5. Full Name of Mother Mary Rosen with
6. Mother's Maiden Name Michael
7. Mother's Birthplace Germany
8. Full Name of Father Joseph Rosen with
9. Father's Occupation Variety Store
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this return Sarah Vanper
- Address 52 E. Leonard St.
- Remarks _____

RETURN OF A BIRTH.

22933

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race)
3. Date of Birth 16 January
4. Place of Birth (Street and Number) 48 Exeter
5. Full Name of Mother Elizabeth Weinreich
6. Mother's Maiden Name Hansen
7. Mother's Birthplace Germany
8. Full Name of Father Frank Weinreich
9. Father's Occupation Shoe-maker
10. Father's Birthplace N. States
- Name of Medical Attendant, or other Person who makes this return Sarah Cooper
- Address 52 E. Lombard
- Remarks

to be filed in any case, within the City of Baltimore, and report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

92934

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 16 January
4. Place of Birth (Street and Number) 58 Bond Street
5. Full Name of Mother Lizzie Rappaport
6. Mother's Maiden Name Titusman
7. Mother's Birthplace Germany
8. Full Name of Father August Rappaport
9. Father's Occupation Copper
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this return Laphia Titusman
- Address 1070 Green Bay Street
- Remarks

Advise at the birth of any child, within the City of Baltimore, with report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22935

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 114

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Jan 16 1878

4. Place of Birth (Street and Number) 272 Eastern Ave.

5. Full Name of Mother Sophia Will

6. Mother's Maiden Name Sophia Carner

7. Mother's Birthplace Germany

8. Full Name of Father John Will

9. Father's Occupation Baker

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this return

Address No 137 N. St.

Remarks

Mrs. Mary Arnold

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22936

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

16th day of January 1878

4. Place of Birth (Street and Number)

No 44 Franklin Street

5. Full Name of Mother

Marie Louise Martiniz

6. Mother's Maiden Name

Marie Louise Rean

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Victorio Martiniz

9. Father's Occupation

Shipping Merchant

10. Father's Birthplace

Malaga Spain

Name of Medical Attendant, or other Person who makes this Return.

Applegate M.D

Address

138 N. Exeter St

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22937

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 3d
1. Sex (state whether Male or Female)... Male
2. Race or Color (if not of the white race)... White
3. Date of Birth... January 16th 1878
4. Place of Birth (Street and Number)... 74. Columbus St.
5. Full Name of Mother... Dennis Heekinger
6. Mother's Maiden Name... Dennis Wintemity
7. Mother's Birthplace... Baltimore City
8. Full Name of Father... Ferdinand Heekinger,
9. Father's Occupation... Merchant Tailor
10. Father's Birthplace... Balto City
Name of Medical Attendant, or other Person who makes this Return... John Pennington M.D.
Address... 98 N. Green St.
Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22938

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st child
Female

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

White

3. Date of Birth

Jan 16th

4. Place of Birth (Street and Number)

26 Alder Alley

5. Full Name of Mother

Ellen Kraft

6. Mother's Maiden Name

" Hoffman

7. Mother's Birthplace

Balto Md

8. Full Name of Father

John Kraft

9. Father's Occupation

Laborer

10. Father's Birthplace

Balto Md

Name of Medical Attendant, or other Person who makes this Return.

Mrs Ann Kraft

Address

107 Johnson St

Remarks

city



within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

22939

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

5th

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

3. Date of Birth

January 10th

4. Place of Birth (Street and Number)

N^o 5 Chasings Court

5. Full Name of Mother

Mrs Mary Elizabeth Hill

6. Mother's Maiden Name

Dodd

7. Mother's Birthplace

Centerville, Indiana Co. Ind

8. Full Name of Father

Mr John Alexander Hill

9. Father's Occupation

Ypocorer

10. Father's Birthplace

Chester Co. Penna

Name of Medical Attendant, or other Person who makes this Return

Mr. Robert Conaway

Address

Battery Avenue 121

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22940

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 16 January

4. Place of Birth (Street and Number) 119 Eyster

5. Full Name of Mother Eva Schmitt

6. Mother's Maiden Name Will

7. Mother's Birthplace Germany

8. Full Name of Father George Schmitt

9. Father's Occupation None

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this return Sophie Wilson

Address 1070 Eyster Street

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22941



To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *Jan 16/78*
4. Place of Birth (Street and Number) *163 W Lombard*
5. Full Name of Mother *Bettie Mc Cafferty*
6. Mother's Maiden Name *va*
7. Mother's Birthplace *va*
8. Full Name of Father *Jacob Krissinger*
9. Father's Occupation *shoe maker*
10. Father's Birthplace *Mo*
- Name of Medical Attendant, or other Person who makes this return *D. H. Hunter M.D.*
- Address *163 W Lombard*
- Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22942

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) _____
3. Date of Birth January 17th 1878
4. Place of Birth (Street and Number) No 78 Lancaster str.
5. Full Name of Mother Catherine Gang
6. Mother's Maiden Name " Lanz.
7. Mother's Birthplace Germany
8. Full Name of Father Ludwig Gang
9. Father's Occupation Labour
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this return Mrs Elizabeth Bushman
- Address 120 Bank str.
- Remarks _____

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st & 2nd*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race)
3. Date of Birth *January 17th*
4. Place of Birth (Street and Number) *286 E. Monument St*
5. Full Name of Mother *Ann Sanderson*
6. Mother's Maiden Name *Ann Oliver*
7. Mother's Birthplace *Baltimore - Md*
8. Full Name of Father *John Sanderson*
9. Father's Occupation *carpenter*
10. Father's Birthplace *Baltimore Md*
- Name of Medical Attendant, or other Person who makes this Return. *Charles Oliver*
- Address *286 E. Monument St*
- Remarks *Infant was born, and lived 12 hours,
They were 6 months children of John Oliver
Widow*

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22945

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth January 17th 1878
4. Place of Birth (Street and Number) Goodman Alley
5. Full Name of Mother Christine Kahl
6. Mother's Maiden Name " " Weis
7. Mother's Birthplace Germany
8. Full Name of Father Heinrich Kahl
9. Father's Occupation Cooper
10. Father's Birthplace Germany
Name of Medical Attendant, or other Person who makes this return Katharina Münch
Address 74 Leadenhall Street
Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22946

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) _____

3. Date of Birth 17 January 1878

4. Place of Birth (Street and Number) 53 Allen St

5. Full Name of Mother Margaret Fries

6. Mother's Maiden Name Dunbach

7. Mother's Birthplace Germany

8. Full Name of Father Peter Fries

9. Father's Occupation Carpenter

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this return Sarah Casper

Address 52 E. Lombard

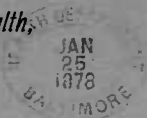
Remarks _____

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH.

22947

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First Child*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White Male*
3. Date of Birth *the 17. of January 1878*
4. Place of Birth (Street and Number) *10 W. Stockton Street*
5. Full Name of Mother *Ella Lutz*
6. Mother's Maiden Name *Ella Jones*
7. Mother's Birthplace *Richmond, Virginia*
8. Full Name of Father *George Lutz*
9. Father's Occupation *Ye. Hookster*
10. Father's Birthplace *Baltimore Maryland*
- Name of Medical Attendant, or other Person who makes this Return. *Magdalena Romanoffsky*
- Address *38 Franklin Ave.*
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22948

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *not there*
1. Sex (state whether Male or Female) *female* ~~female~~ *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *17th*
4. Place of Birth (Street and Number) *Bond St no 172*
5. Full Name of Mother *Catharine Appleby*
6. Mother's Maiden Name *Killer*
7. Mother's Birthplace *Germany*
8. Full Name of Father *John P Appleby*
9. Father's Occupation *tinmer*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Guy*
- Address
- Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22949

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Colored
3. Date of Birth 17th of Jan'y 1878
4. Place of Birth (Street and Number) 31 Collins Alley
5. Full Name of Mother Annie White
6. Mother's Maiden Name Annie Warren
7. Mother's Birthplace Accomaco County - Va
8. Full Name of Father John White
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs Leo Walker
- Address 200 S. Dallas St
- Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children; born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22950

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this return

Address

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22951



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 17 January
4. Place of Birth (Street and Number) 23 Linden St
5. Full Name of Mother Mary Arbin
6. Mother's Maiden Name Waly
7. Mother's Birthplace Baltimore
8. Full Name of Father Wilhelm Arbin
9. Father's Occupation none
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this return Sophia Simon
- Address No 70. Granby Street
- Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22952

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (~~state whether Male or Female~~)

2. Race or Color (if not of the white race)

3. Date of Birth

January 17th 1878 111

4. Place of Birth (Street and Number)

No 315 E Madison St

5. Full Name of Mother

Caroline Habler

6. Mother's Maiden Name

" Gitterman

7. Mother's Birthplace

Balto. Md

8. Full Name of Father

Antonie Habler

9. Father's Occupation

Carpenter

10. Father's Birthplace

Balto. Md

Name of Medical Attendant, or other Person who makes this Return.

D. Ridgway Anderson M.D.

Address

No 124 E Balto st

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22953

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



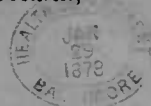
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 *children*
1. Sex (state whether Male or Female) *male*
2. Race or Color (if not of the white race) *Jewish*
3. Date of Birth *January 17th 1872*
4. Place of Birth (Street and Number) *Ensor St 56*
5. Full Name of Mother *Hannie Ullman*
6. Mother's Maiden Name *Brown*
7. Mother's Birthplace *Balto Md*
8. Full Name of Father *Salomon Ullman*
9. Father's Occupation *Shoe Store*
10. Father's Birthplace *Balto Md*
- Name of Medical Attendant, or other Person who makes this return *Mrs Rose Ullm*
- Address *48 Rolland St*
- Remarks

That any physician, nurse, midwife, or other person in charge, who shall attend, assist or advise, at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22954

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6 child*
 1. Sex (state whether Male or Female) *female*
 2. Race or Color (if not of the white race) *White*
 3. Date of Birth *Jan. 17th 1878*
 4. Place of Birth (Street and Number) *Pratt St # 258*
 5. Full Name of Mother *Seungunda Bittner*
 6. Mother's Maiden Name *" " Rutting*
 7. Mother's Birthplace *Bavaria E*
 8. Full Name of Father *John Bittner*
 9. Father's Occupation *Barkeeper*
 10. Father's Birthplace *Bavaria*
 Name of Medical Attendant, or other Person who makes this return *Mrs Reese Alrij*
 Address *48 Colling St*
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22955

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c) *the 2nd child of*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *the 18th January 1878*
4. Place of Birth (Street and Number) *271 Mulberry Street*
5. Full Name of Mother *Anna Hoff*
6. Mother's Maiden Name *Reich*
7. Mother's Birthplace *Munsterberg*
8. Full Name of Father *Herlindorf Hoff*
9. Father's Occupation *Rebinat Maker*
10. Father's Birthplace *Hessen*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Dumber*
- Address *No 60 north Shroder Street*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22956

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Jan. 18th 1878*
4. Place of Birth (Street and Number) *Baltimore, Hollins St. No. 131*
5. Full Name of Mother *Jane Church*
6. Mother's Maiden Name *Brown*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *James Stearns Church*
9. Father's Occupation *Engineer*
10. Father's Birthplace *Ohio*
- Name of Medical Attendant, or other Person who makes this return *Mrs. L. Mitchell*
- Address *No. 122 Parkers*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22957

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *The 11*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *the 18 Januery*
4. Place of Birth (Street and Number) *No 34 Somerset St*
5. Full Name of Mother *Mrs. Salanter*
6. Mother's Maiden Name *Mrs. Gosman*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Martin Gosman*
9. Father's Occupation *Profession*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. Sauer*
- Address *113. Hanfer, row*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 22958

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 1 5 child
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth 18 January
4. Place of Birth (Street and Number) 94 McKeen St
5. Full Name of Mother Catharine Madden
6. Mother's Maiden Name Wallace
7. Mother's Birthplace Ireland
8. Full Name of Father John Madden
9. Father's Occupation Labourer
10. Father's Birthplace Ireland
Name of Medical Attendant, or other Person who makes this Return. Samuel S. Chisner
Address 117 Forest Place
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22959

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

10th

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

3. Date of Birth

January 15th 1878

4. Place of Birth (Street and Number)

108 W. Pennsylvania Avenue

5. Full Name of Mother

Barbara Spencer

6. Mother's Maiden Name

" White

7. Mother's Birthplace

Germany

8. Full Name of Father

John P. Spencer

9. Father's Occupation

Physician

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this return

Amie Engelhardt (Physician)

Address

220 Madison St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22960

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *second child*

1. Sex (state whether Male or ~~Female~~)

2. Race or Color (if not of the white race) *W*

3. Date of Birth *January 18, 1878*

4. Place of Birth (Street and Number) *147 Hillen*

5. Full Name of Mother *Mary Emma Scott*

6. Mother's Maiden Name *Jimmyan Elliott*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *W. Scott*

9. Father's Occupation *clerk*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

*J. H. Patterson, M.D.
28 Franklin*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22961

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Jan 18th 1878
4. Place of Birth (Street and Number) 1805 West St
5. Full Name of Mother Lizzie Schaffner
6. Mother's Maiden Name Lizzie Schaffer
7. Mother's Birthplace Baltimore
8. Full Name of Father Charles Schaffner
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return Catherine Horner
- Address 116 West St
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22962

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

3. Date of Birth

Jan: 18th 1878

4. Place of Birth (Street and Number)

No 219 Canton Ave

5. Full Name of Mother

Kate Steinhamer

6. Mother's Maiden Name

" Cramer

7. Mother's Birthplace

City

8. Full Name of Father

Henry J. Steinhamer

9. Father's Occupation

Stone Cutter

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this return

Mrs. Elizabeth Bushman

Address

120 Bank Str.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 22963

To the Office of Registrar of Vital Statistics, Board of Health, JAN 22 1878

BALTIMORE CITY.



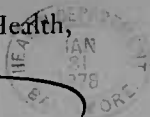
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second Child*
 1. Sex (state whether Male or Female) *Female*
 2. Race or Color (if not of the white race) *White*
 3. Date of Birth *18th of January 1878*
 4. Place of Birth (Street and Number) *121 North Dearborn st*
 5. Full Name of Mother *Lara Selman*
 6. Mother's Maiden Name *Lara Knight*
 7. Mother's Birthplace *Baltimore*
 8. Full Name of Father *Thomas Knight*
 9. Father's Occupation *Labor man*
 10. Father's Birthplace *Baltimore*
 Name of Medical Attendant, or other Person who makes this return *Green J. A. Kunkel*
 Address *714 North Chappel st*
 Remarks *Healthy*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22964

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

13th

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

January 18/78

4. Place of Birth (Street and Number)

Register St. No. 217

5. Full Name of Mother

Franka Examel

6. Mother's Maiden Name

Loeman

7. Mother's Birthplace

Germany

8. Full Name of Father

Aug. Examel

9. Father's Occupation

Laborer

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this return

Johanna Schulte

Address

Remarks

His wife

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22965

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *third*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *January 18 1878*
4. Place of Birth (Street and Number) *Young Court No 10*
5. Full Name of Mother. *Eliza Wilson*
6. Mother's Maiden Name *Eliza Stokely*
7. Mother's Birthplace *New Jersey*
8. Full Name of Father *George Wilson*
9. Father's Occupation *Drayman*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this return *Lizzie Foot*
- Address
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of such child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22966

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *18th day of January 1878*
4. Place of Birth (Street and Number) *No 23 Essex Street Baltimore, Md*
5. Full Name of Mother *Catharina Neuberger.*
6. Mother's Maiden Name *Catharina Weyberger.*
7. Mother's Birthplace *Wiesbaden Bavaria*
8. Full Name of Father *Frank Martin Neuberger*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Baltimore, Md.*
Name of Medical Attendant, or other Person who makes this return *Louisa Wiley*
Address *112 Patom Park Avenue*
Remarks *Call in doctor. getting*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22967

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th child

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Jan 18 1878

4. Place of Birth (Street and Number) 124 S. Madison St.

5. Full Name of Mother Georgiana Scott

6. Mother's Maiden Name Garner

7. Mother's Birthplace Baltimore

8. Full Name of Father William Scott

9. Father's Occupation Mechanic

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. J. T. Patterson M. D.

Address 28 Franklin St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

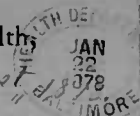
RETURN OF A BIRTH.

22968

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Jan. 21



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd.*
1. Sex (state whether Male or Female) *Female.*
2. Race or Color (if not of the white race) *White.*
3. Date of Birth *Jan. 15th 1878.*
4. Place of Birth (Street and Number) *814 Chayple St.*
5. Full Name of Mother *Minnie Frank.*
6. Mother's Maiden Name *Minnie Greenmiller.*
7. Mother's Birthplace *America.*
8. Full Name of Father *Andrew Frank.*
9. Father's Occupation *Lab. M.*
10. Father's Birthplace *America.*
- Name of Medical Attendant, or other Person who makes this return *Mrs. Mary Anne L.*
- Address *No. 137. 7th Ave St.*
- Remarks *1/*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22969

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c) *1st*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *18th January 1878*

4. Place of Birth (Street and Number) *Ball Air St. opposite Schutzen Park*

5. Full Name of Mother *Anna Knell*

6. Mother's Maiden Name *Anna Reger*

7. Mother's Birthplace *Bavaria*

8. Full Name of Father *Francis Knell*

9. Father's Occupation *Baker*

10. Father's Birthplace *Bavaria*

Name of Medical Attendant, or other Person who makes this Return

Mrs M. A. Batts

Address *185 S. E. cor Central Av and Monument st.*

Remarks *All well*

That any physician, seconcheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH.

22970

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return

Address

Remarks

Edw. Phila

Male

White

Jan 18, 1878

300 William St

Fanny Myers

Fanny Seave

Ma

Edw Myers

Laborer

Ma

H B Stoltz

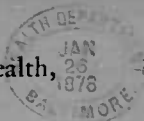
17 Comm av

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22971

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Eighth
Male

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

January 18th 1878

4. Place of Birth (Street and Number)

No 448 1/2 Chase St

5. Full Name of Mother

Laura T. Taylor

6. Mother's Maiden Name

Laura T. Miller

7. Mother's Birthplace

Baltimore

8. Full Name of Father

George T. Taylor

9. Father's Occupation

Miner

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this return

Mary A. Allred

Address 286 N. Long St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22972



To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The 1st of January*
1. Sex (state whether Male or Female) *girl's child*
2. Race or Color (if not of the white race) *colored*
3. Date of Birth *18 of January*
4. Place of Birth (Street and Number) *North 1st St. 15*
5. Full Name of Mother *any Clarice Binsde*
6. Mother's Maiden Name *Call unore cley*
7. Mother's Birthplace
8. Full Name of Father *maniel Binsde*
9. Father's Occupation *drayman*
10. Father's Birthplace *Baltimore city*
- Name of Medical Attendant, or other Person who makes this Return. *charlot goldsboro nurse*
- Address *mores alley 89*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 22973

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 child
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 19 January
4. Place of Birth (Street and Number) 69 Buren St
5. Full Name of Mother Mary Conner
6. Mother's Maiden Name O'Key
7. Mother's Birthplace Ireland
8. Full Name of Father Michel Conner
9. Father's Occupation Labourer
10. Father's Birthplace Ireland
- Name of Medical Attendant, or other Person who makes this Return. Arnold T. Chrismer
- Address No 7 Forrest Place
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22974

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



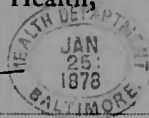
No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Negro
3. Date of Birth Jan 19th
4. Place of Birth (Street and Number) 67 Davis St
5. Full Name of Mother Eugenia A. Johnston
6. Mother's Maiden Name Eugenia A. Johnston
7. Mother's Birthplace
8. Full Name of Father Benj. T. Norton
9. Father's Occupation Soda Water Manufacturer
10. Father's Birthplace
Name of Medical Attendant, or other Person who makes this Return. E. S. McLaughlin M.D.
Address 3-1 N Calvert St
Remarks

to be given at the birth of any child, within the city of Baltimore, and report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22975

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Seventh

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

Colored

3. Date of Birth

January 19 1878

4. Place of Birth (Street and Number)

103 Melrose alley

5. Full Name of Mother

Larah E. Davis

6. Mother's Maiden Name

Larah E. Hall

7. Mother's Birthplace

Baltimore City

8. Full Name of Father

John H. Davis

9. Father's Occupation

Draftsman

10. Father's Birthplace

West River.

Name of Medical Attendant, or other Person who makes this return

184 York St. Wiley Gross

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22976

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3^d

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

3. Date of Birth

January 19th 1878

4. Place of Birth (Street and Number)

132 S Broadway

5. Full Name of Mother

Sarah Goldstrom

6. Mother's Maiden Name

" Rosenstem

7. Mother's Birthplace

City

8. Full Name of Father

Bechaert Goldstrom

9. Father's Occupation

Merchant

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this return

Mrs Elizabeth Bushmann

Address

120 Bank str

Remarks

CERTIFICATE COMPLETES 9-19-44 22,977

Q-19

RECEIVED

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



Child of Mother (state whether 1st, 2d, 3d, &c.) 1st, Gertrude E.
State whether Male or Female) Female
or Color (if not of the white race) White
of Birth January 13th, 1878
of Birth (Street and Number) 179 S. Bond St.
Name of Mother Hollie L. Schmeltz
Maiden Name Hollie L. Carpenter
Birthplace Baltimore
Name of Father David B. Schmeltz
Occupation Mill Wagon
Birthplace Baltimore County
of Medical Attendant, or other Person who makes this Return. Mrs. Hannah E. Knicker
No 281 Canton Avenue

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children,

CERTIFICATE CORRECTED

RETURN OF A BIRTH.

22978



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3^d*
1. Sex (state whether Male or Female) *Male William John Schmidt*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *January 19th 1878*
4. Place of Birth (Street and Number) *No 49 Union Street*
5. Full Name of Mother *Barbara Schmidt*
6. Mother's Maiden Name *" " Harris*
7. Mother's Birthplace *Germany*
8. Full Name of Father *John Schmidt*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this return *Theresia Eigeltinger*
- Address *No 14 Union Street*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22979

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother: (state whether 1st, 2d, 3d, &c) 5
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 19th
4. Place of Birth (Street and Number) 5. Newmans Cord.
5. Full Name of Mother Genovefa Hille.
6. Mother's Maiden Name Genovefa Miller.
7. Mother's Birthplace Baltimore
8. Full Name of Father Ferdinand Hille.
9. Father's Occupation Clove-Mason.
10. Father's Birthplace Sec of Baltimore Light - Minn.

Name of Medical Attendant, or other Person who makes this Return.

Address.

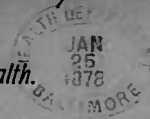
Remarks

Miss. Dumelee No. 60. Throeder street.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22980



To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c) *Fourth Child*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *January 19th, 1878*
4. Place of Birth (Street and Number) *742 West Baltimore St.*
5. Full Name of Mother *Christine Seim*
6. Mother's Maiden Name *Fager*
7. Mother's Birthplace *Grossherzogthum Hessen Germany*
8. Full Name of Father *John C. Seim*
9. Father's Occupation *Baker & Confectioner*
10. Father's Birthplace *Grossherzogthum Hessen Germany*
- Name of Medical Attendant, or other Person who makes this Return.
- Address
- Remarks *Ellis Lupton & Co. Scholten*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise in the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22981

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



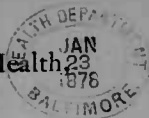
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *19 day of January*
4. Place of Birth (Street and Number) *900 17th Street*
5. Full Name of Mother *Mary Gray*
6. Mother's Maiden Name *Mary Butler*
7. Mother's Birthplace *Baltimore County*
8. Full Name of Father *George Gray*
9. Father's Occupation *Labor*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Ann Lindner*
- Address *No 45. Monroe St, Balt, Md,*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22982

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2 d.*
1. Sex (state whether Male or Female) *Male.*
2. Race or Color (if not of the white race)
3. Date of Birth *January 19th 1878.*
4. Place of Birth (Street and Number) *Green Court. No 8.*
5. Full Name of Mother *Theresa Mill*
6. Mother's Maiden Name *Theresa Domnik*
7. Mother's Birthplace *Baltimore M.d.*
8. Full Name of Father *Jacob Mill.*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Baltimore M.d.*
- Name of Medical Attendant, or other Person who makes this return *Dr. Prother Prusse*
- Address *114 Battery St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22983

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d.
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth 19th of January
4. Place of Birth (Street and Number) No 22, Lee St.
5. Full Name of Mother Emma Huber
6. Mother's Maiden Name Emma Gatz
7. Mother's Birthplace Baltimore, Md.
8. Full Name of Father Maximilian J. A. Huber
9. Father's Occupation Printer
10. Father's Birthplace Munich, Germany.
- Name of Medical Attendant, or other Person who makes this Return. Catharine Schuch
- Address _____
- Remarks _____

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22784

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d
female
white

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

19th of January
75 - McKim St

4. Place of Birth (Street and Number)

5. Full Name of Mother

Annie Sharp

6. Mother's Maiden Name

Annie Phillips

7. Mother's Birthplace

Baltimore MD

8. Full Name of Father

James Ferdinand Sharp
plaster

9. Father's Occupation

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Eatman Lebeck

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22985



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First Child*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *January 17th 1878*
4. Place of Birth (Street and Number) *204 Stirling St. Baltimore Md*
5. Full Name of Mother *Miss Lizzie Power*
6. Mother's Maiden Name *Miss Lizzie Young*
7. Mother's Birthplace *in Baltimore the Social Mary Ground*
8. Full Name of Father *Mr Joseph Power*
9. Father's Occupation *Driver for the C R R Co*
10. Father's Birthplace *Newark New Jersey*
- Name of Medical Attendant, or other Person who makes this Return. *Young Warden*
- Address *331 Argus St. Baltimore Md*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22986

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

8

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

19 June 1878

4. Place of Birth (Street and Number)

199 Gough St

5. Full Name of Mother

St. New York

6. Mother's Maiden Name

St. Luby

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Edward Newkirk

9. Father's Occupation

Machinist

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Miss E. Day

Address

193 St. Charles St.

Remarks

Healthy

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22987

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) coloride

3. Date of Birth May 19

4. Place of Birth (Street and Number) Federal Alley

5. Full Name of Mother Mary Catte

6. Mother's Maiden Name

7. Mother's Birthplace Baltimore City

8. Full Name of Father Daniel Catte

9. Father's Occupation Caber Worker

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Charlet Goldsberry nurse

Address North Alley

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22988

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2^d*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *January the 19th 1878*
4. Place of Birth (Street and Number) *No 59 President St*
5. Full Name of Mother *Frankiska Marbo*
6. Mother's Maiden Name *" " " Walden*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Samuel Marbo*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this return *Mrs Louise Craft*
- Address
- Remarks

RETURN OF A BIRTH.

22989

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



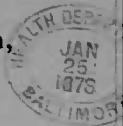
1 of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
 whether Male or Female *Female.*
 Color (if not of the white race) *White.*
 Birth *19. 27 Jan. 1878.*
 Birth (Street and Number) *280. East Monument.*
 Name of Mother *Mary. Elizabeth Garsill.*
 Maiden Name *Mary. Elizabeth Handell.*
 Birthplace *Baltimore City.*
 Name of Father *Edward Garsill.*
 Occupation *Star Printer.*
 Birthplace *Mary. Wall.*
 Medical Attendant, or other Person who makes this Return. *Dr. H. Caroline*
Baltimore City

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22990

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd Child*

1. Sex (state whether ~~Male~~ Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *January the 20. 1878*

4. Place of Birth (Street and Number) *S. Carolina St. No. 115*

5. Full Name of Mother *Mattie Berchard*

6. Mother's Maiden Name *Mattie Krossburg*

7. Mother's Birthplace *Marsoch. V. Preussen. Germany*

8. Full Name of Father *Heinrich Berchard*

9. Father's Occupation *Laborer*

10. Father's Birthplace *Baltimore City*

Name of Medical Attendant, or other Person who makes this return

Address *N. Dallas St. No. 26,*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Jan. 20th 1878*
4. Place of Birth (Street and Number) *No. 6 Jackson Square*
5. Full Name of Mother *Amelia Holt*
6. Mother's Maiden Name *" Wright*
7. Mother's Birthplace *St. Michaels Talbot co. Md.*
8. Full Name of Father *Henry Clay Holt*
9. Father's Occupation *Clerk*
10. Father's Birthplace *Baltimore Md.*
Name of Medical Attendant, or other Person who makes this Return. *Rev. Mansfield Md.*
Address *117 D. B. Broadway*
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22992

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Jan. 20. 1888*
4. Place of Birth (Street and Number) *78 East*
5. Full Name of Mother *Pauline Kraus*
6. Mother's Maiden Name *Siegmund*
7. Mother's Birthplace *Prussia*
8. Full Name of Father *John Kraus*
9. Father's Occupation *Carpenter*
10. Father's Birthplace *Prussia*
Name of Medical Attendant, or other Person who makes this return *Mary R. Wright*
Address *328 South Eutaw*
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22993

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex (~~state whether Male or Female~~) _____
2. Race or Color (~~if not of the white race~~) _____
3. Date of Birth January 20th 1878.
4. Place of Birth (Street and Number) N. W. 6 of Annex Fayette
5. Full Name of Mother Laura Virginia Swearer
6. Mother's Maiden Name " " West
7. Mother's Birthplace Balto St Balto Md
8. Full Name of Father John Swearer
9. Father's Occupation Bricklayer
10. Father's Birthplace Manford
- Name of Medical Attendant, or other Person who makes this Return. J. Ringway Andrew M.D.
- Address No 121 E Baltimore St
- Remarks _____

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22994

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)
2. Race or Color (if not of the white race)
3. Date of Birth
4. Place of Birth (Street and Number)
5. Full Name of Mother
6. Mother's Maiden Name
7. Mother's Birthplace
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace

White
January 26th 1878
51 S. Oregon St
Sarah Virginia Saylor
" " Thomas
Balt. Md
Walter Saylor
Mechanic

Ind B Co Med

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

H. L. S. M.D.
279 W. Lombard St

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22995

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth 20
4. Place of Birth (Street and Number) Baltimore 318 Humboldt St.
5. Full Name of Mother Julia Young
6. Mother's Maiden Name Julia Bond
7. Mother's Birthplace Baltimore
8. Full Name of Father Will Young
9. Father's Occupation City of Baltimore
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Will Young
- Address 181 York St
- Remarks

Any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22996

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

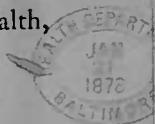
- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *20th of Jan. 1878*
4. Place of Birth (Street and Number) *133 Belmont St.*
5. Full Name of Mother *Eda Jane Lovelace*
6. Mother's Maiden Name *Eda Jane Miller*
7. Mother's Birthplace *Baltimore, Md.*
8. Full Name of Father *Henry Lovelace*
9. Father's Occupation *Springman*
10. Father's Birthplace *Harford Co. Md.*
- Name of Medical Attendant, or other Person who makes this Return. *Lucas W. Baker*
- Address *180 N. E. St.*
- Remarks *Baltimore Md.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22997

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race)
3. Date of Birth 20 January 1878
4. Place of Birth (Street and Number) 24 Baltimore
5. Full Name of Mother Mary Beir
6. Mother's Maiden Name " (Classey
7. Mother's Birthplace Ireland
8. Full Name of Father Michael Beir
9. Father's Occupation Wagoner
10. Father's Birthplace Ireland
- Name of Medical Attendant, or other Person who makes this return Sarah Cap
- Address 52 E. Lombard
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22998

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex (state whether Male or Female)

Girl

2. Race or Color (if not of the white race)

Colored

3. Date of Birth

No 109 Burgundy Alley

4. Place of Birth (Street and Number)

Jan 20th 1878

5. Full Name of Mother

6. Mother's Maiden Name

Grace Latwell

7. Mother's Birthplace

Virginia

8. Full Name of Father

Edward Latwell

9. Father's Occupation

Laborer

10. Father's Birthplace

Virginia

Name of Medical Attendant, or other Person who makes this return

Deborah Thomas

Address

71 Burgundy

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22999

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*
1. Sex (state whether Male or Female) *Female.*
2. Race or Color (if not of the white race)
3. Date of Birth *Jan 20th 1878*
4. Place of Birth (Street and Number) *248 Mulberry St. Balt. City Md.*
5. Full Name of Mother *Mrs. Mollie Abigail Rucker*
6. Mother's Maiden Name *Miss Mollie Hancock*
7. Mother's Birthplace *Cherokee Nation, Indian Territory*
8. Full Name of Father *Mr. Robert Hewlett Rucker*
9. Father's Occupation *Engineer*
10. Father's Birthplace *South America.*
- Name of Medical Attendant, or other Person who makes this return *Mrs. Wimmerger.*
- Address *23 N. Liberty St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11 23000

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

RECEIVED
JAN 25 1878
BALTIMORE

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth January 20th 1878
4. Place of Birth (Street and Number) 70 S. Howard St
5. Full Name of Mother Harline Flinck
6. Mother's Maiden Name Harline Schroter
7. Mother's Birthplace German
8. Full Name of Father Heinrich Flinck
9. Father's Occupation Carbender
10. Father's Birthplace German
- Name of Medical Attendant, or other Person who makes this return M. E. Rudiger
- Address 134 S. Bond St
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23001



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5^d*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *January 20th 1878*
4. Place of Birth (Street and Number) *177 Pennsylvania av*
5. Full Name of Mother *Sakra Ebell*
6. Mother's Maiden Name *Osten*
7. Mother's Birthplace *Virginia*
8. Full Name of Father *Eduard Ebell*
9. Father's Occupation *Butcher*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this return *Theresia Engelddinger*
- Address *No 14 Union St*
- Remarks

That any physician, acoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23002

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Jan. 20th 1878.
4. Place of Birth (Street and Number) 303 East Ave.
5. Full Name of Mother Helena Scribner
6. Mother's Maiden Name Helena Carter
7. Mother's Birthplace Germany
8. Full Name of Father Herman Scribner
9. Father's Occupation Barber
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this return

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23003

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex (state whether Male or Female)

male

2. Race or Color (if not of the white race)

3. Date of Birth

Jan 20th 1877

4. Place of Birth (Street and Number)

14 Fayette Str

5. Full Name of Mother

Rach Lutz

6. Mother's Maiden Name

Rachel Stecker

7. Mother's Birthplace

Germany

8. Full Name of Father

Joseph Lutz

9. Father's Occupation

Schoemaker

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Largh Cooper

Address

52 E Lombard Str

Remarks

and any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23004

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9th
Female.

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

21st of January.

4. Place of Birth (Street and Number)

59 Oak St.

5. Full Name of Mother

Joanna Lyons

6. Mother's Maiden Name

Blown

7. Mother's Birthplace

Germany

8. Full Name of Father

John Lyons

9. Father's Occupation

Engineer

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Charlotte Orsby

Address

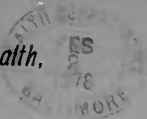
369 Cathedral St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First.*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *January 21, 1898, 6.40 P.M.*
4. Place of Birth (Street and Number) *No. 190 N. Charles St.*
5. Full Name of Mother *Elizabeth Graham Whitridge*
6. Mother's Maiden Name *Elizabeth Graham*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *William H. Whitridge*
9. Father's Occupation *Merchant*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Christopher Johnson M.D.*
- Address *No. 82 Franklin St.*
- Remarks *Head presentation, 1st position - labor 3 1/2 hours, moderate ease. *Chapman**

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23006

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9th

1. Sex (~~state whether Male or Female~~)

2. Race or Color (~~if not of the white race~~)

3. Date of Birth

Jan 21 1878.
401 Hollings St.
Elizabeth A. Coffey
Elizabeth A. Coffey
Ellicott's Mills.
William H. Coffey,
Builder.

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Baltimore City.
John L. G. Stiger, M.D.

Name of Medical Attendant, or other Person who makes this Return.

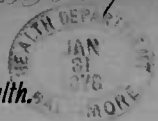
Address

Remarks

I am any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Seventh child*
1. Sex (state whether Male or Female) *male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Jan. 21st 1875*
4. Place of Birth (Street and Number) *Hull St. L. I.*
5. Full Name of Mother *Julia Jennings*
6. Mother's Maiden Name *Julia Mahill*
7. Mother's Birthplace *Ireland*
8. Full Name of Father *Andrew Jennings*
9. Father's Occupation *Dulcan Keeper*
10. Father's Birthplace *Ireland*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs John M. M.*
- Address _____
- Remarks _____

and any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23008



To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *January 21st 1878*
4. Place of Birth (Street and Number) *332 Bank st*
5. Full Name of Mother *Annie Langcrist*
6. Mother's Maiden Name *Pennsmith*
7. Mother's Birthplace *Germany*
8. Full Name of Father *William Langcrist*
9. Father's Occupation *Butter*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Getzke*
- Address *No 55 S. Bond st*
- Remarks *Baltimore Md*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23009



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Male. 1st Child

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

Jan 21 st. 1878

4. Place of Birth (Street and Number)

No 340 Charles st.

5. Full Name of Mother

Louise Kreuter

6. Mother's Maiden Name

Brady

7. Mother's Birthplace

America

8. Full Name of Father

William Kreuter

9. Father's Occupation

Photography

10. Father's Birthplace

America

Name of Medical Attendant, or other Person who makes this return

J. Schwasser midwife

Address

213 Cross st.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23010

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Jan 24 1895

4. Place of Birth (Street and Number)

41 Covington St

5. Full Name of Mother

Emma J. Barnes

6. Mother's Maiden Name

Germany

7. Mother's Birthplace

Chas. A. Smith

8. Full Name of Father

Farmer

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this return

Theodore Cooke M.D.

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born; its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23011

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th
1. Sex (state whether Male or Female) girl
2. Race or Color (if not of the white race) brown skin
3. Date of Birth 21st Jan
4. Place of Birth (Street and Number) No 21 Union St
5. Full Name of Mother rebecca blackston
6. Mother's Maiden Name rebecca jackson
7. Mother's Birthplace howard county
8. Full Name of Father steven blackston
9. Father's Occupation ~~baltimore~~ labourer
10. Father's Birthplace baltimore
- Name of Medical Attendant, or other Person who makes this Return. L. Scenewelle
- Address 13 Clinton avenue
- Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23012

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *10th*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *January 21st 1878*
4. Place of Birth (Street and Number) *No. 149 S Broadway*
5. Full Name of Mother *Sophia Sherer*
6. Mother's Maiden Name *Meissel*
7. Mother's Birthplace *City*
8. Full Name of Father *John Sherer*
9. Father's Occupation *Mechanic*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this return *Mrs Elizabeth Bushmann*
- Address *120 Bank str*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23013



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd Child*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *January 21. 1878*

4. Place of Birth (Street and Number) *N. Carolina St. No 230.*

5. Full Name of Mother *Maria Boudenard*

6. Mother's Maiden Name *Maria Friere*

7. Mother's Birthplace *Baltimore City*

8. Full Name of Father *Heinrich Baudenard*

9. Father's Occupation *Baker*

10. Father's Birthplace *Crainfeldt, Gr. Hessen. Germany*

Name of Medical Attendant, or other Person who makes this return *Mary E. Muller*

Address *N. Dallas St. No 26.*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 23014

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 21 January
4. Place of Birth (Street and Number) 182 Forrest St.
5. Full Name of Mother Elizabeth Sullivan
6. Mother's Maiden Name Mc Callister
7. Mother's Birthplace Ireland
8. Full Name of Father Daniel Sullivan
9. Father's Occupation Laborer
10. Father's Birthplace Ireland
Name of Medical Attendant, or other Person who makes this Return. Asa J. Chrisman
Address No 7 Forrest Place
Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23015

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *the 5*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *the 20 January*
4. Place of Birth (Street and Number) *No 12 Somerset St*
5. Full Name of Mother *Clara Labie*
6. Mother's Maiden Name *Clara Brockmeier*
7. Mother's Birthplace *Baltimore.*
8. Full Name of Father *Joseph Brockmeier*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. _____
- Address *Mrs Sauer*
- Remarks *175 S Herford Ave*

Physician, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23016

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c) 16th
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Jun 21st 1878
4. Place of Birth (Street and Number) etc 428 Orleans St
5. Full Name of Mother Rebecca Jane Harris
6. Mother's Maiden Name Rebecca Jane Sherwood
7. Mother's Birthplace Prince George Co Md
8. Full Name of Father Scott Harris
9. Father's Occupation Manufacturer of Blacking
10. Father's Birthplace Kent Co Md
- Name of Medical Attendant, or other Person who makes this Return. City Sickman
- Address etc 521 E. McMillen St
- Remarks Child healthy

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23017

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White.

3. Date of Birth Jan 22nd 1878

4. Place of Birth (Street and Number) - Delair Ave.

5. Full Name of Mother Christine Schmaepf.

6. Mother's Maiden Name Christine Schmaepf.

7. Mother's Birthplace Germany

8. Full Name of Father John Schmaepf.

9. Father's Occupation Wheelwright.

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this return Mrs. Mary M. M.

Address No. 137 N. 3rd St.

Remarks C H

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23018

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *one Child one mother*
1. Sex (state whether Male or Female) *female*
2. Race or Color (if not of the white race) *Colored race*
3. Date of Birth *Jan. the 22. 1878*
4. Place of Birth (Street and Number) *max Lounough St 266*
5. Full Name of Mother
6. Mother's Maiden Name *Martha Pinket*
7. Mother's Birthplace *Dorchester County md*
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace
- Name of Medical Attendant, or other Person who makes this Return *Lurinda Woolford*
- Address *Regester St 130 Baltimore md*
- Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

23019

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH
JAN
28
1878
BALTIMORE

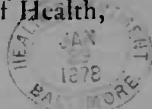
- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *6th*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *22d January*
4. Place of Birth (Street and Number) *N. 97 Peach alley*
5. Full Name of Mother *Annie Zapp*
6. Mother's Maiden Name *Annell Recker*
7. Mother's Birthplace *Baltimore City*
8. Full Name of Father *John Zapp*
9. Father's Occupation *laborer*
10. Father's Birthplace *Baltimore City*
- Name of Medical Attendant, or other Person who makes this Return. *Miss Conway*
- Address *Butler av*
- Remarks

Every person, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23020

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female)

male

2. Race or Color (if not of the white race)

White

3. Date of Birth

January 22 1878

4. Place of Birth (Street and Number)

Pratt St # 56

5. Full Name of Mother

Maggie Pisinger

6. Mother's Maiden Name

Envald

7. Mother's Birthplace

Moanyland

8. Full Name of Father

John Pisinger

9. Father's Occupation

Shoemaker

10. Father's Birthplace

Pennsylvania

Name of Medical Attendant, or other Person who makes this return

Mrs Reannelly

Address

48 Hobland St

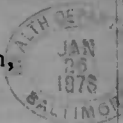
Remarks

and they physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23021

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Seventh*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *January 22^d 1878*
4. Place of Birth (Street and Number) *163 W. Lombard St. (Maternity)*
5. Full Name of Mother *Maggie Smith*
6. Mother's Maiden Name *" "*
7. Mother's Birthplace *Balto*
8. Full Name of Father *Unknown*
9. Father's Occupation *" "*
10. Father's Birthplace *" "*
- Name of Medical Attendant, or other Person who makes this return *D^r Wm. Lombel*
- Address *163 W. Lombard St.*
- Remarks

any physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



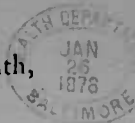
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *January 22^d 1878*
4. Place of Birth (Street and Number) *163 W. Lombard St.*
5. Full Name of Mother. *Lizzie Jones*
6. Mother's Maiden Name *Unknown*
7. Mother's Birthplace *Balto*
8. Full Name of Father *Unknown*
9. Father's Occupation *" "*
10. Father's Birthplace *" "*
- Name of Medical Attendant, or other Person who makes this return *Dr. J. M. Lombel*
- Address *163 W. Lombard St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23023

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *January 22^d 1878*
4. Place of Birth (Street and Number) *163 W. Lombard St.*
5. Full Name of Mother *Isla Taylor*
6. Mother's Maiden Name *Ireland*
7. Mother's Birthplace *Ireland*
8. Full Name of Father *David Buckley*
9. Father's Occupation
10. Father's Birthplace *Balto*
- Name of Medical Attendant, or other Person who makes this return *Dr Wm Lombel*
- Address *163 W. Lombard St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend a woman or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23024

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

Colored

3. Date of Birth

22. Dec. January

4. Place of Birth (Street and Number)

Balt. Hughes St. No. 217

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Nancy Wilson
Kent Island Queen An County Md.

George Wright
Oyster Shucker
Balt. City

Name of Medical Attendant, or other Person who makes this Return.

Marionda Wilson

Address

Remarks

Give any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

23025

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *7th*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *Anglo-Saxon*
3. Date of Birth *Jan'y 22nd 1878*
4. Place of Birth (Street and Number) *91 Preston St Balto. City -*
5. Full Name of Mother *Elizabeth Owens*
6. Mother's Maiden Name *Eliz: Ratcliffe*
7. Mother's Birthplace *Washington D.C*
8. Full Name of Father *James W. Owens*
9. Father's Occupation *Merchant*
10. Father's Birthplace *Lower Maryland*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. H. P. H. M. M.*
- Address *87 Franklin St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within this City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

230216

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

6

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

January 22

4. Place of Birth (Street and Number)

No 3 Hollman St

5. Full Name of Mother

Mary Clifford

6. Mother's Maiden Name

McLiggen

7. Mother's Birthplace

Ireland

8. Full Name of Father

James Clifford

9. Father's Occupation

Black Smith

10. Father's Birthplace

Ireland

Name of Medical Attendant, or other Person who makes this Return.

Dr. J. J. Christman

Address

No 7 Forrest Place

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23027

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Female 1

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

Col'd

3. Date of Birth

Jan 22 1878

4. Place of Birth (Street and Number)

Leaden Hall st- 296

5. Full Name of Mother

Mary Conish

6. Mother's Maiden Name

Monroe

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Levi Conish

9. Father's Occupation

Laborer

10. Father's Birthplace

Calverton

Name of Medical Attendant, or other Person who makes this Return.

Angelina Wilson

Address

393 Cross st-

Remarks

But any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23028

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



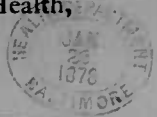
No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Seventh*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *January the 23 1878*
4. Place of Birth (Street and Number) *Galager Court No 9*
5. Full Name of Mother *Willetta Ann Shousman*
6. Mother's Maiden Name *Willetta Ann Shaw*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *George Shousman*
9. Father's Occupation *Labour*
10. Father's Birthplace *Baltimore*
Name of Medical Attendant, or other Person who makes this Return. *Ann E Ball*
Address *No 141 South Chester St*
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child, or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23029

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sixth

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

3. Date of Birth

January 23rd 1878

4. Place of Birth (Street and Number)

No 35 N Gay St.

5. Full Name of Mother

Adele Coonan

6. Mother's Maiden Name

Adele Brennan

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Michael J. Coonan

9. Father's Occupation

Refrigerator

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this return

Leobrun King & Spurgeon

Address

1220 N. Broadway St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23030

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) _____
3. Date of Birth *January 23rd 1878*
4. Place of Birth (Street and Number) *93 Lombard Str*
5. Full Name of Mother *Kate Koll*
6. Mother's Maiden Name *Kate Kieker*
7. Mother's Birthplace *United States*
8. Full Name of Father *Charles Koll*
9. Father's Occupation *Teamster*
10. Father's Birthplace *United States*
- Name of Medical Attendant, or other Person who makes this Return. *Dorothy Casper*
- Address *52 E Lombard Str*
- Remarks _____

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23031

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) _____
3. Date of Birth *January 23rd 1878*
4. Place of Birth (Street and Number) *No 259 Jefferson St*
5. Full Name of Mother *Mary A Gipe*
6. Mother's Maiden Name *Mary A Mapps*
7. Mother's Birthplace *Maryland*
8. Full Name of Father *John H Gipe*
9. Father's Occupation *Commission Merchant*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this return *Mary A Allwell*
- Address *286 E Donagh St*
- Remarks _____

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23032

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

January 23 1878

4. Place of Birth (Street and Number)

163 W. Lombard St. Maternity

5. Full Name of Mother

Annie Birch

6. Mother's Maiden Name

Baltimore

7. Mother's Birthplace

Unknown

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this return

D. W. Lombel

Address

163 W. Lombard St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23033

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st. 111
1. Sex (state whether Male or Female) Male. 111
2. Race or Color (if not of the white race) White.
3. Date of Birth Jan. 23rd 1878.
4. Place of Birth (Street and Number) 468 Canton Ave.
5. Full Name of Mother Katie Schopf.
6. Mother's Maiden Name Katie Seeman.
7. Mother's Birthplace America.
8. Full Name of Father George Schopf.
9. Father's Occupation Cardingtonary.
10. Father's Birthplace America.
- Name of Medical Attendant, or other Person who makes this return Mrs. Mary Amund.
- Address No. 137 Wolfe St.
- Remarks H.

That any physician, nurse, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23034

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Child

1. Sex (state whether ~~Male~~ or Female)

2. Race or Color (if not of the white race)

White

3. Date of Birth

January the 23. 1878

4. Place of Birth (Street and Number)

Dungan Aty. No. 41

5. Full Name of Mother

Elisabeth Lepner

6. Mother's Maiden Name

Elisabeth Schäfer

7. Mother's Birthplace

Baltimore City

8. Full Name of Father

Ernst. Lepner

9. Father's Occupation

Laborer

10. Father's Birthplace

Baltimore City

Name of Medical Attendant, or other Person who makes this return

Mary E. Muller

Address N. Dallas St. No 26.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23035

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Third
Female

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

Jan 23rd 1878

4. Place of Birth (Street and Number)

109 Jackson St

5. Full Name of Mother

Selina Wolf

6. Mother's Maiden Name

Selina Bulch

7. Mother's Birthplace

Westchester Co

8. Full Name of Father

Geo Wolf

9. Father's Occupation

Jeweler

10. Father's Birthplace

New York

Name of Medical Attendant, or other Person who makes this Return.

Saml E. Corwell M.D.

Address

1029 Biddle St

Remarks

that any physician, accoucheur, nurse, wife, or other person in charge, who shall attend, assist or be present at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23036

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth Jan the 23.
4. Place of Birth (Street and Number) in the rear of sharpst church.
5. Full Name of Mother her yetter. Smith
6. Mother's Maiden Name her yetter. Howard
7. Mother's Birthplace Baltimore Md.
8. Full Name of Father James Smith
9. Father's Occupation waiter
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Mary. Ann. Dowsey

108

five dollars

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23037

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex (~~state whether~~ Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth 23rd January 1878

4. Place of Birth (Street and Number) 102 Hillin Baltimore

5. Full Name of Mother Juliett Germond

6. Mother's Maiden Name Leidrich

7. Mother's Birthplace Redhook New York

8. Full Name of Father Walter Myer Germond

9. Father's Occupation Wheelwright

10. Father's Birthplace Binghampton New York

Name of Medical Attendant, or other Person who makes this Return.

Geo H Thompson M D

Address

18 Ainsworth Baltimore

Remarks Being sick I forgot to report earlier

RETURN OF A BIRTH.

23038

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *One 1*
 1. Sex (state whether Male or Female) *Female*
 2. Race or Color (if not of the white race) *White*
 3. Date of Birth *23 Jan January*
 4. Place of Birth (Street and Number) *No 4 New York Street*
 5. Full Name of Mother *Elvany Kreitweiz*
 6. Mother's Maiden Name *Elvany Baumann*
 7. Mother's Birthplace *Schermune*
 8. Full Name of Father *Amberg Kreitweiz*
 9. Father's Occupation *Werner*
 10. Father's Birthplace *Schermune*
 Name of Medical Attendant, or other Person who makes this Return *Miss Sebach*
 Address *439. West Pratt St*
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall report to the Registrar aforesaid, advice at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23039

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

January 23^d / 78

4. Place of Birth (Street and Number)

Washington St 154

5. Full Name of Mother

Mary Repke

6. Mother's Maiden Name

Euler

7. Mother's Birthplace

Germany

8. Full Name of Father

John Repke

9. Father's Occupation

Carpenter

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this return

Johanna Schute

Address

Midwife

Remarks

320 Allice Anne St.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 23040

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7
 1. Sex (state whether Male or Female) Female
 2. Race or Color (if not of the white race) White
 3. Date of Birth Jan 23 1878
 4. Place of Birth (Street and Number) 364 East Aveue
 5. Full Name of Mother Marg Gurtin
 6. Mother's Maiden Name Marg Hopkins
 7. Mother's Birthplace Baltimore
 8. Full Name of Father Finay Gurtin
 9. Father's Occupation Rickman P.W.R.R.
 10. Father's Birthplace Baltimore
 Name of Medical Attendant, or other Person who makes this Return. Miss E. Gray
 Address 193 20 Chester St
 Remarks Healthy

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23041

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Jan 23rd*

4. Place of Birth (Street and Number) *No. 1100 N. 1st St*

5. Full Name of Mother *Lenny Kaiser*

6. Mother's Maiden Name *Lenny Hoffman*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *Henry Kaiser*

9. Father's Occupation *W. phalster*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Catherine Kerner*

Address *No 100 West St.*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23042

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Jan 23rd 1878*
4. Place of Birth (Street and Number) *Baltimore Health St. No 314*
5. Full Name of Mother *Earah Badenecht*
6. Mother's Maiden Name *" Petrongh*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *John Badenecht*
9. Father's Occupation *Machinist*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this return *Mrs. C. Mitchell*
- Address *No 122 Parkin St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23043

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th*

1. Sex (state whether Male or Female).

Female

2. Race or Color (if not of the white race)

3. Date of Birth

January 23^d 1878

4. Place of Birth (Street and Number)

106 N Bond St

5. Full Name of Mother..

Elizabeth Rapp

6. Mother's Maiden Name

"

7. Mother's Birthplace

Germany

8. Full Name of Father

John Rapp

9. Father's Occupation

Laborer

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this return

Mrs Elizabeth Buschman

Address

120 Bank St

Remarks

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

230144

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Jan 23d
4. Place of Birth (Street and Number) No 81 Elbe Henri St
5. Full Name of Mother Lina Hanna
6. Mother's Maiden Name Lina Gering
7. Mother's Birthplace Germany
8. Full Name of Father August Hanna
9. Father's Occupation Tiler
10. Father's Birthplace Bedford Prussia Germany
- Name of Medical Attendant, or other Person who makes this Return. E. Guillard
- Address No 59 Frederick St
- Remarks

That any person, acting as a midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7^d*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *January 23^d 1878*
4. Place of Birth (Street and Number) *No 19 Bolton Alley*
5. Full Name of Mother *Katharina Schmitz*
6. Mother's Maiden Name *Bolz*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Friedrich Schmitz*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Germany*
Name of Medical Attendant, or other Person who makes this return *Theresia Eigeldinger*
Address *No 14 Union Street*
Remarks

Every physician, midwife, or other person in charge of a birth, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23046

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6^d
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth January 23rd 1878
4. Place of Birth (Street and Number) 494 Pennsylvania av.
5. Full Name of Mother Katharina Hensler
6. Mother's Maiden Name Esenwein
7. Mother's Birthplace Germany
8. Full Name of Father Mathew Hensler
9. Father's Occupation Butcher
10. Father's Birthplace Germany
Name of Medical Attendant, or other Person who makes this return Theresia Eigeldinger
Address No 14 Union Street
Remarks

The City Physician, or other person in charge, who shall receive, advise or
advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid,
within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children
born, its or their physical condition, whether still born or not, the full name, nativity, and residence
of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23047

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth: 23 January
4. Place of Birth (Street and Number) No 11 Hillman St
5. Full Name of Mother Ellen Riely
6. Mother's Maiden Name Riely
7. Mother's Birthplace Ireland
8. Full Name of Father Michael Riely
9. Father's Occupation Labourer
10. Father's Birthplace Ireland
Name of Medical Attendant, or other Person who makes this Return. Ansula J. Chrismer
Address No 7 Forrest Place
Remarks

Let any physician, accoucher, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, the or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

23048

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth June 23 1882
4. Place of Birth (Street and Number) 7th - Eider
5. Full Name of Mother Caroline
6. Mother's Maiden Name Wach
7. Mother's Birthplace City
8. Full Name of Father Wm. Langley
9. Father's Occupation Engineer
10. Father's Birthplace City

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

RETURN OF A BIRTH.

23049

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1 child*
 1. Sex (state whether Male or Female) *female*
 2. Race or Color (if not of the white race) *white*
 3. Date of Birth *January 24 1878*
 4. Place of Birth (Street and Number) *25 Linden St*
 5. Full Name of Mother *Elizabeth Jones*
 6. Mother's Maiden Name *Elizabeth Wagner*
 7. Mother's Birthplace *Baltimore city*
 8. Full Name of Father *George Jones*
 9. Father's Occupation *well digger*
 10. Father's Birthplace *Baltimore city*
 Name of Medical Attendant, or other Person who makes this return *Pachel or n garrett*
 Address *473 alican na st*
 Remarks

and any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, nurse, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23050

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. Jan. 26



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Jan 24th 1878

4. Place of Birth (Street and Number) 267 Eastern Ave.

5. Full Name of Mother Lizzie Burns

6. Mother's Maiden Name Lizzie Loeber

7. Mother's Birthplace America

8. Full Name of Father William Burns

9. Father's Occupation Laborer

10. Father's Birthplace America

Name of Medical Attendant, or other Person who makes this return

Address No. 137 N. Howard

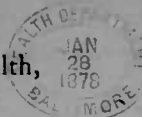
Remarks

For any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23051

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th Child*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *Jan 29th 1878*
4. Place of Birth (Street and Number) *No 211 West st*
5. Full Name of Mother *Lina Helen*
6. Mother's Maiden Name *Bickler*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Albert Klein*
9. Father's Occupation *Cooper*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this return *J. Schaeffer midwife*
- Address *213 Cross st.*
- Remarks

What any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23052

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd Child

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

White

3. Date of Birth

January 24. 1878

4. Place of Birth (Street and Number)

Hellen St. No 148.

5. Full Name of Mother

Hannora Green

6. Mother's Maiden Name

Hannora Green

7. Mother's Birthplace

Finnaghue County. N. Gr. Brils. Europa

8. Full Name of Father

John O. Greer

9. Father's Occupation

Constable

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this return

Mary E. Muller

Address

N. Dallas St. No 16.

Remarks

That any physician, nurse, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23053

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

JAN
25
1878

Jan 25 11 11 AM

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Jan 24th 1878*
4. Place of Birth (Street and Number) *127 Wolfe St.*
5. Full Name of Mother *Dorothy Franz*
6. Mother's Maiden Name *Dorothy Meyer*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Friedrich Franz*
9. Father's Occupation *Sailor*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this return *Mrs. Mary Powell*
- Address *No. 137 N. p. St.*
- Remarks *11*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23054



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

3. Date of Birth

January 24th 1878

4. Place of Birth (Street and Number)

Johnson Street No 152

5. Full Name of Mother

Carolina Hardy

6. Mother's Maiden Name

Carolina Mueller

7. Mother's Birthplace

Baltimore, Md.

8. Full Name of Father

Frank Hardy

9. Father's Occupation

Laborer

10. Father's Birthplace

Baltimore, Md.

Name of Medical Attendant, or other Person who makes this return

Dr. Matthew Braune

Address

114 Battery St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23055

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



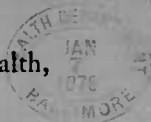
- No. of Child of Mother (state whether 1st, 2d, 3d, &c) *from 2 to 70 Baltimore*
1. Sex (state whether Male or Female) *Child female*
2. Race or Color (if not of the white race) *Colored Child*
3. Date of Birth *20th of January*
4. Place of Birth (Street and Number) *2017 North Parkman St*
5. Full Name of Mother *Crema Sherbher*
6. Mother's Maiden Name *Greening Ratten*
7. Mother's Birthplace *Alb. Malt. County Virginia*
8. Full Name of Father *John Ratten*
9. Father's Occupation *Brick mason*
10. Father's Birthplace *Alb. Malt. County*
- Name of Medical Attendant, or other Person who makes this Return. *Stephen Hince the nurse*
- Address *no 135 Chestnut St Baltimore City*
- Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23056

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Jan 11 1878
4. Place of Birth (Street and Number) No 24 Stockton
5. Full Name of Mother Barbara Kaeck
6. Mother's Maiden Name Barbara Lohm
7. Mother's Birthplace Baltimore
8. Full Name of Father Charles Kaeck
9. Father's Occupation Printer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this return Elizabeth Schmidt
- Address 476 N. Ave
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children, born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

23057

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *fourth*
1. Sex (state whether Male or Female) *female*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *Jan. 24th 1878*
4. Place of Birth (Street and Number) *66 W. McChesnut St.*
5. Full Name of Mother *Mary E. Bull*
6. Mother's Maiden Name *Morris*
7. Mother's Birthplace *Balt. City*
8. Full Name of Father *Edw. Bull*
9. Father's Occupation *Carver*
10. Father's Birthplace *Balt. County*
Name of Medical Attendant, or other Person who makes this Return.
Address *W. Swinton M.D.*
431 S. ... Ave.
Remarks

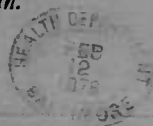
That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

12058

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



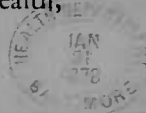
- No. of Child of Mother (state whether 1st, 2d, 3d, &c) *1st*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *24th of January*
4. Place of Birth (Street and Number) *No 33 Hermans Lane*
5. Full Name of Mother *Mary Gumpmann*
6. Mother's Maiden Name *Mary Wilhelm*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *John E. Gumpmann*
9. Father's Occupation *Amateur Magician*
10. Father's Birthplace *Bavaria Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. J. Lumber*
- Address *11 Schreier*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23059

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Jan 24/78

4. Place of Birth (Street and Number)

Bethel st No. 226

5. Full Name of Mother

Lizzie Zickrich Schuman

6. Mother's Maiden Name

Zickrich

7. Mother's Birthplace

Henry Zickrich

8. Full Name of Father

Labner

9. Father's Occupation

Butcher

10. Father's Birthplace

Johnna Schutte

Name of Medical Attendant, or other Person who makes this return

Address

Medinorpe

Remarks

320 Alice Anna st

Let any physician, accoucheur, midwife, or other person, who may be present at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 23060

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *10th*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth. *January 24th 1898*
4. Place of Birth (Street and Number) *# 94 South Alameda St*
5. Full Name of Mother. *Carolina Hochhaunt*
6. Mother's Maiden Name. *Carolina Quinn*
7. Mother's Birthplace. *Sackville*
8. Full Name of Father. *George Hochhaunt*
9. Father's Occupation. *Cracker Maker*
10. Father's Birthplace. *Ireland*
- Name of Medical Attendant, or other Person who makes this Return. *M. H. Sedgwick*
- Address. *25 S. Duval St*
- Remarks

M. H. Sedgwick

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23061



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY. Jan 28 1878.

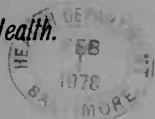
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Jan 24th 1878.*
4. Place of Birth (Street and Number) *Belair Ave.*
5. Full Name of Mother *Gusta Jankke*
6. Mother's Maiden Name *Gusta Schoeninger*
7. Mother's Birthplace *Germany.*
8. Full Name of Father *Julius Jankke*
9. Father's Occupation *Smith.*
10. Father's Birthplace *Germany.*
- Name of Medical Attendant, or other Person who makes this return *Mrs. Mary A. ...*
- Address *No. 137 N. ... St.*
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23062

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth January 24th 1878

4. Place of Birth (Street and Number) Baltimore, N. Henry St No 280

5. Full Name of Mother Margaret Ellen Burk

6. Mother's Maiden Name Margaret Ellen Jones

7. Mother's Birthplace Baltimore

8. Full Name of Father John M. Burk

9. Father's Occupation Farmer

10. Father's Birthplace Baltimore O O M D

Name of Medical Attendant, or other Person who makes this Return Mrs. S. Ferguson

Address Baltimore, Prager No 288

Remarks Mrs. E. Burk

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23063

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Jan 24th 1878
4. Place of Birth (Street and Number) Ch. 132 West st
5. Full Name of Mother Mary Cospe
6. Mother's Maiden Name Mary Smith
7. Mother's Birthplace Baltimore
8. Full Name of Father William Cospe
9. Father's Occupation Clerk
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Catherine Corner
- Address Ch 106 West st
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23064

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Jan 24th 1878

4. Place of Birth (Street and Number)

No 19 E Elizabeth Lane

5. Full Name of Mother

Margarett Brannan

6. Mother's Maiden Name

Margarett Mitchell

7. Mother's Birthplace

Ireland

8. Full Name of Father

Thomas Brannan

9. Father's Occupation

Sailor

10. Father's Birthplace

Ireland

Name of Medical Attendant, or other Person who makes this Return.

Catherine Corner

Address

106 West

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23065

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First - 1st*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *January 24th 1878 3 Am.*
4. Place of Birth (Street and Number) *No 185 German Street*
5. Full Name of Mother *Kate Baum Potter*
6. Mother's Maiden Name *Kate Baum*
7. Mother's Birthplace *Baltimore County*
8. Full Name of Father *Harry Waterman Potter*
9. Father's Occupation *Professor of Music*
10. Father's Birthplace *Baltimore City*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

No 74 N. Paca St.

N. G. Fowler, M.D.

Every physician, apothecary, or other person in charge of any establishment, who shall advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23066

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

3. Date of Birth

24th January 1878

4. Place of Birth (Street and Number)

797 Franklin St 477

5. Full Name of Mother

Emma Davis
Galloway

6. Mother's Maiden Name

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Geo A Davis

9. Father's Occupation

Carpenter

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Wm. Lane Mercer
St. J. Ballou M.D.

Address

No 136 McHenry

Remarks

that any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23067

JAN 25 1878
MORE

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

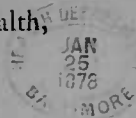
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6 Child*
 1. Sex (state whether Male or Female) *Male*
 2. Race or Color (if not of the white race) *White*
 3. Date of Birth *24. January 1878*
 4. Place of Birth (Street and Number) *N 20 Patson Park arnew*
 5. Full Name of Mother *Sophia Libmyer*
 6. Mother's Maiden Name *Sophia Schutte*
 7. Mother's Birthplace *Germina*
 8. Full Name of Father *Peyman Libmyer*
 9. Father's Occupation *Butcher*
 10. Father's Birthplace *Baltimore*
 Name of Medical Attendant, or other Person who makes this return *Lousia Wiley*
 Address *N 2 Patson Park arnew*
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23068

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5 fifth

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

24 of January 1878

4. Place of Birth (Street and Number)

~~Mary. H. H. H.~~ 89 Cambridge St

5. Full Name of Mother

Mary Angle

6. Mother's Maiden Name

Mary Holder

7. Mother's Birthplace

Germany

8. Full Name of Father

George H. H. H.

9. Father's Occupation

Crosses

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this return

Leadin Wiley

Address

112 Patson Parkman

Remarks

RETURN OF A BIRTH.

23069

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

11th

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Jan 24th 1878

4. Place of Birth (Street and Number)

243 N. Durham Street

5. Full Name of Mother

Richard Miller

6. Mother's Maiden Name

Richard Warner

7. Mother's Birthplace

Carroll County Md

8. Full Name of Father

George L. Miller

9. Father's Occupation

Cigar Maker

10. Father's Birthplace

Berlinia Germany

Name of Medical Attendant, or other Person who makes this Return.

J. Edwin Whitford M.D.

Address

#195 Spring City Street

Remarks

This was a premature birth brought out

by a fall. child in utero between 6 & 7 months

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23070

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



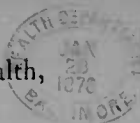
No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 24 January
4. Place of Birth (Street and Number) 201 Mont St.
5. Full Name of Mother Emma Daviner
6. Mother's Maiden Name Reams
7. Mother's Birthplace Ireland
8. Full Name of Father John Daviner
9. Father's Occupation Tavern Keeper
10. Father's Birthplace Ireland
Name of Medical Attendant, or other Person who makes this Return. Wm. J. Linsmeier
Address No 7 Forrest Place
Remarks

That any physician, acoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23071

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third Child*
 1. Sex (state whether Male or Female) *Last Male*
 2. Race or Color (if not of the white race) *White*
 3. Date of Birth *25th January 1875*
 4. Place of Birth (Street and Number) *6 North Wolfe St.*
 5. Full Name of Mother *Marion Bright*
 6. Mother's Maiden Name *Marion Smith*
 7. Mother's Birthplace *Annapolis*
 8. Full Name of Father *George Smith*
 9. Father's Occupation *Brick Layer*
 10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this return

Address *71 North Popple St* *John Kunkel*

Remarks *Healthy*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23072
HEALTH DEPT
JAN 28 1878
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Child
Male

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

Jan 25th 1878

4. Place of Birth (Street and Number)

No 112 York st

5. Full Name of Mother

Cathie E. Eimers

6. Mother's Maiden Name

Eimers

7. Mother's Birthplace

Germany

8. Full Name of Father

Wilhelm Eimers

9. Father's Occupation

Storekeeper

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this return

J. Schwastor midwife
213 Cross St.

Address

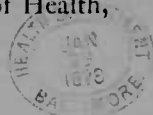
Remarks

First, any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23073

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 child
1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) White
3. Date of Birth January 25th 1898
4. Place of Birth (Street and Number) Canton ave 212
5. Full Name of Mother Annie Waelffe
6. Mother's Maiden Name " Brittner
7. Mother's Birthplace Bavaria Europe
8. Full Name of Father George Waelffe
9. Father's Occupation Apalsterer
10. Father's Birthplace Bavaria
- Name of Medical Attendant, or other Person who makes this return Mrs Rose Kelly
- Address 48 Holland St.
- Remarks

And any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar, ^{or forward,} within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23074

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st.

1. Sex (state whether Male or Female)

Male.

2. Race or Color (if not of the white race)

3. Date of Birth

January 25th 1878.

4. Place of Birth (Street and Number)

30 Orleans St.

5. Full Name of Mother

Catharine M. Bride.

6. Mother's Maiden Name

" Rayhan

7. Mother's Birthplace

Baltimore

8. Full Name of Father

William M. Bride

9. Father's Occupation

Salisman.

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who
makes this Return.

Edward P. M. Devito

Address

137 N. E. St. St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23075

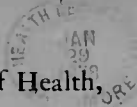
To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *January 25th 1878*
4. Place of Birth (Street and Number) *East Side Belthel 1st Door South of Jefferson*
5. Full Name of Mother *Ann Maria Majer*
6. Mother's Maiden Name *Ann Maria Brown*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *John F. Majer*
9. Father's Occupation *Taylor*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this return *Mary A. Allwell*
- Address *286 N. Donagh St*
- Remarks

That any physician, nurse, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23076



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7. d.

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

3. Date of Birth

January 25th 1878

4. Place of Birth (Street and Number)

Light Street, No. 558.

5. Full Name of Mother

Babette Silberschmidt.

6. Mother's Maiden Name

Babette Schmidt.

7. Mother's Birthplace

Germany.

8. Full Name of Father

Samuel Silberschmidt.

9. Father's Occupation

Gen. Life Insurance.

10. Father's Birthplace

Germany.

Name of Medical Attendant, or other Person who makes this Return

Dorothea Brune

Address

114 Battery St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23077

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3th*
1. Sex (state whether Male or Female) *Girl*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *25th Januar*
4. Place of Birth (Street and Number) *109 Longeste Street*
5. Full Name of Mother *Franciska Keller*
6. Mother's Maiden Name *Bled*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Henry Bled*
9. Father's Occupation
10. Father's Birthplace *Bremen*
- Name of Medical Attendant, or other Person who makes this return *Mari Götter*
- Address *Wolfe Street. 245.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23078

GIVEN NAME ADDED 2/17/50

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

William Hooper Savin



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

3rd child

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

January 28 - 1878.

4. Place of Birth (Street and Number)

169 E. Carey St.

5. Full Name of Mother

Mrs. Emily Savin

6. Mother's Maiden Name

Mary E. Anderson

7. Mother's Birthplace

Baltimore, Md.

8. Full Name of Father

F. Aug. Savin

9. Father's Occupation

Office Balto. Herald.

10. Father's Birthplace

Balto., Md.

Name of Medical Attendant, or other Person who makes this Return.

John T. King

Address

Edmondson Ave

Remarks

near Carrollton Ave

Noted Savin

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25079

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *ninth child*
1. Sex (state whether Male or Female) *male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Coosie St. Locust point*
4. Place of Birth (Street and Number) *Jan. 25. 1878*
5. Full Name of Mother *Maria Kelly*
6. Mother's Maiden Name *Maria McEnulty*
7. Mother's Birthplace *Ireland*
8. Full Name of Father *James Kelly*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Baltimore*
Name of Medical Attendant, or other Person who makes this Return. *Chas. Little*
Address _____
Remarks _____

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23080

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d Child
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth 25
4. Place of Birth (Street and Number) State Street Number 10 Baltimore
5. Full Name of Mother Lucy Thomas
6. Mother's Maiden Name Phyllis Tunsdell
7. Mother's Birthplace Danville Virginia
8. Full Name of Father William H. Thomas
9. Father's Occupation Barber
10. Father's Birthplace Baltimore City
- Name of Medical Attendant, or other Person who makes this Return. Sarah Dugall Rosey Carter
- Address 276 South Howard Street
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23081

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



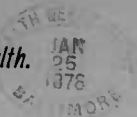
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The fifth*
 1. Sex (state whether Male or Female) *Male child*
 2. Race or Color (if not of the white race) *White child*
 3. Date of Birth *Birth April 25th 1878*
 4. Place of Birth (Street and Number) *No. 1. Howard, St. Balt.*
 5. Full Name of Mother *Mrs. Emma Price*
 6. Mother's Maiden Name *John Harvey*
 7. Mother's Birthplace *Baltimore City*
 8. Full Name of Father *George Edmund Price*
 9. Father's Occupation *Local Engineer*
 10. Father's Birthplace *Baltimore City*
 Name of Medical Attendant, or other Person who makes this Return. *Appl. Lindner*
 Address *No. 1. Howard St. Baltimore*
 Remarks *A fine healthy child Name of child*

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23082

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



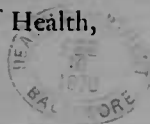
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *Color*
3. Date of Birth *Baltimore*
4. Place of Birth (Street and Number) *No 1 Jones Alley*
5. Full Name of Mother *Betty Jackson*
6. Mother's Maiden Name *Betty Lilly*
7. Mother's Birthplace *Balto*
8. Full Name of Father *Edward Jackson*
9. Father's Occupation *Farmer*
10. Father's Birthplace *Ana County*
- Name of Medical Attendant, or other Person who makes this Return *Allen Stamps*
- Address *42 Charles St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. He or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23085

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *Jan 25 1878*
4. Place of Birth (Street and Number) *229 E. Lombard St*
5. Full Name of Mother *Mollie Glenn*
6. Mother's Maiden Name *Taylor*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *George Glenn*
9. Father's Occupation *Clerk*
10. Father's Birthplace *Hanover Pa*
- Name of Medical Attendant, or other Person who makes this return *Mrs E. J. Taylor*
- Address *229 E. Lombard St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23084

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

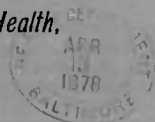
- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Col.
3. Date of Birth Jan. 25-1878
4. Place of Birth (Street and Number) Clarett Alley no 26-
5. Full Name of Mother Josephine Brown
6. Mother's Maiden Name " " Mcherr
7. Mother's Birthplace Baltimore
8. Full Name of Father John Brown
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Angeline Wilson
- Address 37.9 Gross St
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

23085

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Sixth*
 1. Sex (state whether Male or Female) *Female*
 2. Race or Color (if not of the white race) *White*
 3. Date of Birth *Jan'y 25th 1878*
 4. Place of Birth (Street and Number) *No 120 N Calvert St.*
 5. Full Name of Mother *Turner Macfarland Brown*
 6. Mother's Maiden Name *Macfarland*
 7. Mother's Birthplace *Virginia*
 8. Full Name of Father *Willcox Brown*
 9. Father's Occupation *Banker*
 10. Father's Birthplace *Virginia*
 Name of Medical Attendant, or other Person who makes this Return. *Rygen Buckler*
 Address *135 N Charles St*
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

203086



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd Child*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race)
3. Date of Birth *Jan 26th 1888*
4. Place of Birth (Street and Number) *No 327 Charles St*
5. Full Name of Mother *Augusta Dierck*
6. Mother's Maiden Name *Eck*
7. Mother's Birthplace *Julius Dierck*
8. Full Name of Father
9. Father's Occupation *Confectioner*
10. Father's Birthplace *both from Germany.*
- Name of Medical Attendant, or other Person who makes this return *J. Schwaesser Midwife*
- Address *213 Cross St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23057

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Schult*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *16. of January*
4. Place of Birth (Street and Number) *38 Barnes St.*
5. Full Name of Mother *Josephine Rada*
6. Mother's Maiden Name *Rada*
7. Mother's Birthplace *Hieslie Bohemia*
8. Full Name of Father *John Rada*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Hieslie Bohemia*
- Name of Medical Attendant, or other Person who makes this Return. *J. Conrad*
- Address *38 Barnes St.*
- Remarks

advised at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

2088

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6
1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) White
3. Date of Birth 26 of Dec
4. Place of Birth (Street and Number) Baltimore fore. st 74
5. Full Name of Mother Emily Link
6. Mother's Maiden Name Link
7. Mother's Birthplace Virginia
8. Full Name of Father Thomas Link
9. Father's Occupation Labr
10. Father's Birthplace Baltimore
Name of Medical Attendant, or other Person who makes this Return. Charles W. Conner
Address 131
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23089

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Six*
1. Sex (state whether Male or Female) *M*
2. Race or Color (if not of the white race) *W*
3. Date of Birth *Jan 26*
4. Place of Birth (Street and Number) *41 Ross st*
5. Full Name of Mother *Mrs Dan Eleason*
6. Mother's Maiden Name *Miss Scott*
7. Mother's Birthplace *Ireland*
8. Full Name of Father *Dan Eleason*
9. Father's Occupation *Sailor*
10. Father's Birthplace *Ireland*
- Name of Medical Attendant, or other Person who makes this Return. *William Lee*
- Address *Eutaw st*
- Remarks *Case of Abortion at six ~~and~~ months*
child lived four days died from natural
infection Cause

For every physician, assistant, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23090

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *12. Child*
 1. Sex (state whether Male or Female) *Male*
 2. Race or Color (if not of the white race) *White*
 3. Date of Birth *26 of January 1878*
 4. Place of Birth (Street and Number) *37 Park Street*
 5. Full Name of Mother *Sizzie Batzler*
 6. Mother's Maiden Name *Sizzie Babit*
 7. Mother's Birthplace *Germina*
 8. Full Name of Father *John Batzler*
 9. Father's Occupation *Miller*
 10. Father's Birthplace *Germina*
 Name of Medical Attendant, or other Person who makes this return *Lousia Wiley*
 Address *123 Patson Park Avenue*
 Remarks *Call in Doctor Mansfield*

Every duly qualified, accountant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23091

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

1. Sex (~~state whether Male or Female~~)

2. Race or Color (~~if not of the white race~~)

3. Date of Birth

January 26th 1878

4. Place of Birth (Street and Number)

No 123 E Front

5. Full Name of Mother

Minnie Johnson

6. Mother's Maiden Name

Minnie Zimmerman

7. Mother's Birthplace

Balto Maryland

8. Full Name of Father

William L Johnson

9. Father's Occupation

Clerk

10. Father's Birthplace

Balto Md

Name of Medical Attendant, or other Person who makes this Return.

J Redway M.D.

Address

No 121 E Balto St Md

Remarks

that any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or survive at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23092

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (~~state whether Male or Female~~)

2. Race or Color (~~if not of the white race~~)

3. Date of Birth

January 26th 1878

4. Place of Birth (Street and Number)

No 166 N Caroline Baltimore

5. Full Name of Mother

Elia Olita Barbours

6. Mother's Maiden Name

Elia Olita Mitchell

7. Mother's Birthplace

Maryland

8. Full Name of Father

Thomas W Barbours

9. Father's Occupation

Butter Dealer

10. Father's Birthplace

Maryland

Name of Medical Attendant, or other Person who makes this Return.

G Ridgway Andre MD

Address

No 121 E Baltimore

Remarks

Let any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, the or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23093

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *25th of January..*
4. Place of Birth (Street and Number) *16 Falls Road*
5. Full Name of Mother *Lucilia M. Carty*
6. Mother's Maiden Name *Conway*
7. Mother's Birthplace *Ireland*
8. Full Name of Father *Patrick M. Carty*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Ireland*
- Name of Medical Attendant, or other Person who makes this Return. *Charlotte L. Grayby*
- Address *369 Cathedral St.*
- Remarks

What any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23094

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fifth

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

3. Date of Birth

January 26th / 1878

4. Place of Birth (Street and Number)

No 94 S. Chapel. St

5. Full Name of Mother

Catherine. Donaldson

6. Mother's Maiden Name

Catherine. Mc. Cardock

7. Mother's Birthplace

Ireland.

8. Full Name of Father

James. Donaldson

9. Father's Occupation

Cotton. Sampler.

10. Father's Birthplace

Ireland.

Name of Medical Attendant, or other Person who makes this return

Henry A. Allwell

Address

281 St Donogh St

Remarks

I, Mat any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23095



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether Male or Female) White Female
2. Race or Color (if not of the white race) White
3. Date of Birth Jan 26th 1878
4. Place of Birth (Street and Number) Baltimore Scott St N.E. 136
5. Full Name of Mother Emma Benson
6. Mother's Maiden Name Pennter
7. Mother's Birthplace Baltimore
8. Full Name of Father John Benson
9. Father's Occupation Machinist
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this return Wm. C. Whitwell
- Address N.E. 132 Parkin St.
- Remarks

That any physician, apothecary, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23096

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd child*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *1 1/2*
3. Date of Birth *Jan 26th 1878*
4. Place of Birth (Street and Number) *No 244 Bathorne av.*
5. Full Name of Mother *Mary Reinhardt*
6. Mother's Maiden Name *Schramm*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Carl Reinhardt*
9. Father's Occupation *Sparker*
10. Father's Birthplace *America*
- Name of Medical Attendant, or other Person who makes this return *J. Schmasser midwife*
- Address *213 Broad St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23097

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2 children*
 1. Sex (state whether Male or Female) *male*
 2. Race or Color (if not of the white race) *colored*
 3. Date of Birth *Born Jan 26 1878*
 4. Place of Birth (Street and Number) *14 Bx Myrtion Lee when*
 5. Full Name of Mother *Rose Head*
 6. Mother's Maiden Name *Rose Head*
 7. Mother's Birthplace *Baltimore*
 8. Full Name of Father *J. d. Head*
 9. Father's Occupation *agent*
 10. Father's Birthplace *appa ma*
 Name of Medical Attendant, or other Person who makes this Return. *participa*
 Address *care me No 1*
 Remarks *Infant died very*

At any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 23098

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c) *Second*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *January 26th 1878*
4. Place of Birth (Street and Number) *73 Lemon Street*
5. Full Name of Mother *Henrietta Parncutt*
6. Mother's Maiden Name *Henrietta Holer*
7. Mother's Birthplace *Smithsburg. Md*
8. Full Name of Father *Henry Parncutt*
9. Father's Occupation *Driver*
10. Father's Birthplace *Wilmington Del*

Name of Medical Attendant, or other Person who makes this Return.

Address *Anne Dundas Shrout*

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23099

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Jan. 26th 1878
4. Place of Birth (Street and Number) No. 37 Burke St.
5. Full Name of Mother Elizabeth Bogler
6. Mother's Maiden Name " Bobot
7. Mother's Birthplace Germany
8. Full Name of Father John Bogler
9. Father's Occupation Iron moulder
10. Father's Birthplace Germany
Name of Medical Attendant, or other Person who makes this Return. R. W. Mansfield M.D.
Address 117 S. Broadway
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23100

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *54*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Jan. 26th 1878*
4. Place of Birth (Street and Number) *No. 75 Daugh. St.*
5. Full Name of Mother *Eliza Burgess*
6. Mother's Maiden Name *" Morgan*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *John Burgess*
9. Father's Occupation *Engineer*
10. Father's Birthplace *England*
- Name of Medical Attendant, or other Person who makes this Return. *Rev. Mansfield M.D.*
- Address *117 1/2 Broadway*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23101

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *January 26th 1878*
4. Place of Birth (Street and Number) *432 Canton Ave*
5. Full Name of Mother *Mary Shelle*
6. Mother's Maiden Name *Gansman*
7. Mother's Birthplace *Germany*
8. Full Name of Father *John Shelle*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this return *Mrs Elizabeth Beusman*
- Address *120 Bank St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23102

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First (1st)

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

January 26th 1878

4. Place of Birth (Street and Number)

No. 65 N. Broadway

5. Full Name of Mother

Mrs. Susan A. Askey

6. Mother's Maiden Name

Mrs. Alice Sindall

7. Mother's Birthplace

Baltimore Md.

8. Full Name of Father

Mr. Wm. Benet Askey

9. Father's Occupation

Shoe Manufacturer

10. Father's Birthplace

Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return.

Wm. H. Glendinning M.D.

Address

No. 102 North Broadway

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23103

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Gold
3. Date of Birth Jan 26th 1878
4. Place of Birth (Street and Number) China St. 40
5. Full Name of Mother Hester Broadly
6. Mother's Maiden Name Green
7. Mother's Birthplace Kent Island
8. Full Name of Father John Broadly
9. Father's Occupation Laborer
10. Father's Birthplace Kent Island
- Name of Medical Attendant, or other Person who makes this Return. Angeline Wilson
- Address 293 Cross St
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, fix of their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23104

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex (state whether Male or Female)

male

2. Race or Color (if not of the white race)

3. Date of Birth

January 27th 1878

4. Place of Birth (Street and Number)

8 Gough Str

5. Full Name of Mother

Mary Lynch

6. Mother's Maiden Name

Mary Kelly

7. Mother's Birthplace

United States

8. Full Name of Father

Patrick Lynch

9. Father's Occupation

Laborer

10. Father's Birthplace

United States

Name of Medical Attendant, or other Person who makes this Return.

Sarah Barker

Address

52 E. Lombard Str

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23105

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex (state whether Male or Female)

female

2. Race or Color (if not of the white race)

3. Date of Birth

January 27th 1878

4. Place of Birth (Street and Number)

3 North Str

5. Full Name of Mother

Mary Ruster

6. Mother's Maiden Name

Mary Jones

7. Mother's Birthplace

Ireland

8. Full Name of Father

John Ruster

9. Father's Occupation

Labourer

10. Father's Birthplace

Ireland

Name of Medical Attendant, or other Person who makes this Return.

Sarah Engeler

Address

52 E. Lombard St.

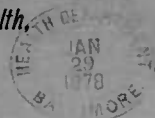
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23106

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

first

1. Sex (state whether Male or Female)

male

2. Race or Color (if not of the white race)

white

3. Date of Birth

Jan. 27th 1878

4. Place of Birth (Street and Number)

83 Mulikin st

5. Full Name of Mother

Ellen Mary Ann Sanner

6. Mother's Maiden Name

" " " Moanen

7. Mother's Birthplace

Balto. City Md

8. Full Name of Father

Polk Sanner

9. Father's Occupation

machinist

10. Father's Birthplace

Balto. City Md.

Name of Medical Attendant, or other Person who makes this Return.

P. E. Dauchman

Address

27 N. Broadway.

Remarks

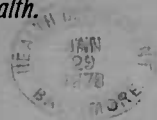
That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23107

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

Colored

3. Date of Birth

Jan. 27th

4. Place of Birth (Street and Number)

5. Shuter St.

5. Full Name of Mother

Emily Garner

6. Mother's Maiden Name

Emily Clarke

7. Mother's Birthplace

St. Mary's Co

8. Full Name of Father

Charles Garner

9. Father's Occupation

Stenciler

10. Father's Birthplace

Ta. George's Co.

Name of Medical Attendant, or other Person who makes this Return.

W. B. O'Reilly, M.D.

Address

235. 71. Broadway.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23108

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female) *the 11th male*

2. Race or Color (if not of the white race) *white*

3. Date of Birth *27th Jan. 1878*

4. Place of Birth (Street and Number) *corner McHenry and Baltimore*

5. Full Name of Mother *Louise Miller*

6. Mother's Maiden Name *L. Bornmann*

7. Mother's Birthplace *City of Balto.*

8. Full Name of Father *George Miller*

9. Father's Occupation *laborer*

10. Father's Birthplace *Balto. Md.*

Name of Medical Attendant, or other Person who makes this Return. *Lizzie Miller*

Address *57 Smallwood St.*

Remarks

that any physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23109

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th Child
Female

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

Jan 27th 1878

4. Place of Birth (Street and Number)

113 Light St

5. Full Name of Mother

Caroline Black

6. Mother's Maiden Name

Trick

7. Mother's Birthplace

Germany

8. Full Name of Father

Louis Black

9. Father's Occupation

Cigar-maker

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this return

J. Schwaeser midwife

Address

213 Cross St

Remarks

That any physician, recorder, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23110

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 18^d

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Jan 27th

4. Place of Birth (Street and Number) Wm 307 Cross st

5. Full Name of Mother Mary Reiselts

6. Mother's Maiden Name Hllbach

7. Mother's Birthplace Balto

8. Full Name of Father John Reiselts

9. Father's Occupation Provision Store

10. Father's Birthplace Prussia

Name of Medical Attendant, or other Person who makes this return Mary Krow

Address 328 J. O'Leary st

Remarks

Any physician, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23111

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *fourth*
1. Sex (state whether Male or Female) *Boy, a Jew,*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *27. 11. of Jan.*
4. Place of Birth (Street and Number) *11 McKeckay St.*
5. Full Name of Mother *Sarah Davis*
6. Mother's Maiden Name *Shmelvelsel*
7. Mother's Birthplace *Poland*
8. Full Name of Father *Abraham Davis*
9. Father's Occupation *Reddy*
10. Father's Birthplace *Poland*

Name of Medical Attendant, or other Person who makes this return

Address

Remarks

Mr B. Alling
48 Hollands St.
Balt. Md.

1. If any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23112

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this return

Address

Remarks

9th
Male
White
Jan 27/78
Gadesa 145 185
Therget Bressel
Buckholz
Genn Bressel
Labour
Genn
Johanna Schutte
Midwife

THE CITY OF BALTIMORE, Maryland, do hereby certify that the person in charge, who shall return, under the
advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid,
within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children
born, its or their physical condition, whether still born or not, the full name, nativity, and residence
of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23113

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) Colored
3. Date of Birth Jan 21. 1878
4. Place of Birth (Street and Number) Ann St. 92
5. Full Name of Mother Rachel white
6. Mother's Maiden Name Rachel Johnson
7. Mother's Birthplace Baltimore md
8. Full Name of Father Alexander white
9. Father's Occupation Labour
10. Father's Birthplace Baltimore md
- Name of Medical Attendant, or other Person who makes this Return. Lacey Wolford
- Address No 130 north Regester St
- Remarks In Perfect State of good health

Physician, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

231111

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Jan 25 1878

4. Place of Birth (Street and Number)

144 Schapel Str
R. B. Driver

5. Full Name of Mother

Rebecca Buftler

6. Mother's Maiden Name

America

7. Mother's Birthplace

8. Full Name of Father

Alex Driver

9. Father's Occupation

Driver

10. Father's Birthplace

America

Name of Medical Attendant, or other Person who makes this return

Mrs Mary C. Driver

Address

203 Washington

Remarks

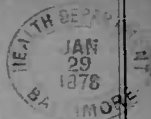
9 Str

At any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23115

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth June 27 1878

4. Place of Birth (Street and Number) 4 Creek St

5. Full Name of Mother Sarah Coughlan

6. Mother's Maiden Name Sarah Muldock

7. Mother's Birthplace Baltimore

8. Full Name of Father Kevin Coughlan

9. Father's Occupation Laborer

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Miss E. Tray

Address 193 10 Chester st

Remarks Healthy

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar beforehand, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23116



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1d

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth January 27th 1895

4. Place of Birth (Street and Number) 33 Millstream Street

5. Full Name of Mother Louise Gernand

6. Mother's Maiden Name Louise Lab

7. Mother's Birthplace Baltimore

8. Full Name of Father Flinridge Gernand

9. Father's Occupation Shoemaker

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this return Marie R. Rudiger

Address 134 N. Bond Street

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23117

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Jan. 27/78

4. Place of Birth (Street and Number)

Langston st. No. 144

5. Full Name of Mother

Paulina Nelson

6. Mother's Maiden Name

May

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Charles Nelson

9. Father's Occupation

Carpenter

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this return

Phanna Schutte

Address

Remarks

Midwife

Let any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23118

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 30
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Jan'y 27. 1898
4. Place of Birth (Street and Number) 455 N. Calhoun St
5. Full Name of Mother Helen Spurrer
6. Mother's Maiden Name " Moran
7. Mother's Birthplace City
8. Full Name of Father Wm H. Spurrer
9. Father's Occupation Painter
10. Father's Birthplace City
- Name of Medical Attendant, or other Person who makes this Return. A. Tinsley M.D.
- Address 386 Druid Hill Ave
- Remarks Congenital Talipes Varus -

Let any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 23119

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Second child*
1. Sex (state whether Male or Female) *Female.*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *27th Jan'y. 1878.*
4. Place of Birth (Street and Number) *193 S. Calver St.*
5. Full Name of Mother *Barbara McKim.*
6. Mother's Maiden Name *Barbara Miller*
7. Mother's Birthplace *Baltimore Md.*
8. Full Name of Father *John McKim.*
9. Father's Occupation *Machinist*
10. Father's Birthplace *Baltimore Md.*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Lucy Upshur.
180 S. Calver St.

Baltimore
Md.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23120

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *January 27th 1878*

4. Place of Birth (Street and Number)

5. Full Name of Mother *Kate Barker Pitt*

6. Mother's Maiden Name *Kate Barker Rose*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *Charles Farris Pitt Jr*

9. Father's Occupation *Importer of Chemicals*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Jos. Lloyd Hartman
No 38 W. 11th St

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23121

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th
1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) _____
3. Date of Birth January 28, 1878
4. Place of Birth (Street and Number) 8 Thompson Str
5. Full Name of Mother Lizzie Burns
6. Mother's Maiden Name Lizzie Chiff
7. Mother's Birthplace England
8. Full Name of Father Michael Burns
9. Father's Occupation Sugar Worker
10. Father's Birthplace England
- Name of Medical Attendant, or other Person who makes this Return. Sarah Gayer
- Address 52 E Lombard Str
- Remarks _____

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23122

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth 28 January

4. Place of Birth (Street and Number) No. 1000 North

5. Full Name of Mother Mary Lizzie Hubert

6. Mother's Maiden Name German

7. Mother's Birthplace Baltimore

8. Full Name of Father John Hubert

9. Father's Occupation Up-holsterer

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this return Sophia Simon

Address No. 70 Green St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23123

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Monday Morning Jan. 28th. 1878

4. Place of Birth (Street and Number)

305 N. Ann St.

5. Full Name of Mother

Elizabeth Ashford

6. Mother's Maiden Name

" Bryant

7. Mother's Birthplace

New York City. N.Y.

8. Full Name of Father

Richard D. Ashford

9. Father's Occupation

Farmer

10. Father's Birthplace

Harford Co. Md.

Name of Medical Attendant, or other Person who makes this Return.

Wilmer Orinton M.D.

Address

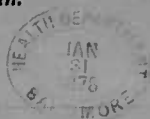
287 Greenmount Ave.

Remarks

When any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 23124

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Monday Morning Jan 28th 1878
4. Place of Birth (Street and Number) #5 Leonsstitution St
5. Full Name of Mother Louise Thompson
6. Mother's Maiden Name Louise Bailey
7. Mother's Birthplace Sussex Co. Virginia
8. Full Name of Father Jos. Thompson
9. Father's Occupation Laborer
10. Father's Birthplace England
Name of Medical Attendant, or other Person who makes this Return Wilmer Brinton M.D.
Address 25 1/2 Greenmount Ave.
Remarks

that any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23125

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th Child*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race)
3. Date of Birth *Jan 28th 1878*
4. Place of Birth (Street and Number) *No 24 Key's ally.*
5. Full Name of Mother *Sarah Hoffmann*
6. Mother's Maiden Name *Longley*
7. Mother's Birthplace *America*
8. Full Name of Father *Frederick Hoffmann*
9. Father's Occupation *Sabrer*
10. Father's Birthplace *America*
- Name of Medical Attendant, or other Person who makes this return *J. Schwaer midwife*
- Address *213 Chest St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23126

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Fifth

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth:

Jan'y 28th

4. Place of Birth (Street and Number)

9 Forrest Place

5. Full Name of Mother

Anna Clagett Jenkins

6. Mother's Maiden Name

Anna Clagett

7. Mother's Birthplace

Baltimore

8. Full Name of Father

W. Kennedy Jenkins

9. Father's Occupation

Clerk

10. Father's Birthplace

Baltimore Co

Name of Medical Attendant, or other Person who makes this Return.

Ursula J. Chrismier

Address

7 Forrest Place.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23127

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st of children right*
 1. Sex (state whether Male or Female) *Female*
 2. Race or Color (if not of the white race) *Colored*
 3. Date of Birth *born on the 29th of June 1873*
 4. Place of Birth (Street and Number) *birth place Baltimore 1086 South St*
 5. Full Name of Mother *E. Anna Johnson*
 6. Mother's Maiden Name *Anna Hull*
 7. Mother's Birthplace *Baltimore*
 8. Full Name of Father *Leicester C. Johnson*
 9. Father's Occupation *Head Carer and Jockey*
 10. Father's Birthplace *Baltimore*
 Name of Medical Attendant, or other Person who makes this Return. *Francis Cook*
 Address *1010 Pin. alley*
 Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23128

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Name, Bernard C. Mardaga



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the 5

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth the 28 January

4. Place of Birth (Street and Number) Gay St No 505

5. Full Name of Mother Mary (Harris) Grob

6. Mother's Maiden Name Harris (Mardaga) Mardaga

7. Mother's Birthplace Germany

8. Full Name of Father Louis (Mardaga) Mardaga

9. Father's Occupation Dayler Tagler

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return.

Address the 28 January 1878

Remarks 173 Harbor era

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23129

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c) *1st*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *28th January 1878*
4. Place of Birth (Street and Number) *870 W. Balto. St.*
5. Full Name of Mother *Maria Louisa Dohrmann*
6. Mother's Maiden Name *Maria Louisa Strackelsahn*
7. Mother's Birthplace *Osna-bruck, Hanover, Germany*
8. Full Name of Father *Fred. August Dohrmann*
9. Father's Occupation *Saloon Keeper*
10. Father's Birthplace *Liebenau, Hanover, Germany*
- Name of Medical Attendant, or other Person who makes this Return.
- Address *1000 E. under 60 Lehigh*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 23130

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10
1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) white
3. Date of Birth 28 Jan. 78
4. Place of Birth (Street and Number) 62 Fremont
5. Full Name of Mother Christiane Maria Caroline Hanner
6. Mother's Maiden Name Meyer
7. Mother's Birthplace Northhemen, Germany
8. Full Name of Father W. G. Hugo Hanner
9. Father's Occupation minister of the gospel
10. Father's Birthplace Schopflohe, Germany.
Name of Medical Attendant, or other Person who makes this Return.
Address Anne Dumble 60 Schrote
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23131

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c) *2nd*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *January 28 1878*
4. Place of Birth (Street and Number) *Baltimore St. No 938. Balto Md*
5. Full Name of Mother *Bernadena. Hummel*
6. Mother's Maiden Name *Bernadena. Mayman*
7. Mother's Birthplace *Baltimore Maryland*
8. Full Name of Father *Anthony. John. Hummel*
9. Father's Occupation *Barber*
10. Father's Birthplace *Baltimore Maryland*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Sumner No 60 N. School St*
- Address
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 23132

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *January 28th 1901*
4. Place of Birth (Street and Number) *No 20 Cross St*
5. Full Name of Mother *Helliea Wäsele*
6. Mother's Maiden Name *Helliea Grill*
7. Mother's Birthplace *Baltimore Md*
8. Full Name of Father *Samuel Wheeler*
9. Father's Occupation *Caulker*
10. Father's Birthplace *Balto Md*
Name of Medical Attendant, or other Person who makes this Return. *Charlotta A Lewis*
Address *No 162 Hanover St*
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH. 23733

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Baltimore 28th January*

4. Place of Birth (Street and Number) *No number Storerell St*

5. Full Name of Mother *Laura E. Sargent*

6. Mother's Maiden Name *Laura E. Dyer*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *George W. Sargent*

9. Father's Occupation *Shoe Maker*

10. Father's Birthplace *Boston*

Name of Medical Attendant, or other Person who makes this Return. *Jane. Baker. Midwife*

Address *1000 Cedar St.*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23134

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Apr 28th 1878* *2:25 P.M.*
4. Place of Birth (Street and Number) *57 S. Paul*
5. Full Name of Mother *Mrs. Margaret Snyder*
6. Mother's Maiden Name *Mrs. W. H. Kinkaid*
7. Mother's Birthplace *Balt. City*
8. Full Name of Father *Charles Hays Snyder*
9. Father's Occupation
10. Father's Birthplace *Balt. City*
- Name of Medical Attendant, or other Person who makes this Return *James C. Pennington M.D.*
- Address *299 E. Baltimore Street*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH. 23135

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 ~~1st~~
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *Jan 28*
4. Place of Birth (Street and Number) *30 St. Mary St*
5. Full Name of Mother *Lanea V Burke*
6. Mother's Maiden Name *Lanea V Brown*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Nelson A Burke*
9. Father's Occupation *Mariner*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Lane Baker Mid wife*
- Address *66 Eider Alley*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23136

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3 child*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *24 of January 1878*
4. Place of Birth (Street and Number) *First Avenue and Chinden st corner*
5. Full Name of Mother *Mary Barbra Wiley*
6. Mother's Maiden Name *Mary B. Switzel*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Thomas Henry Wiley*
9. Father's Occupation *Shoemaker*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this return *Louisa Wiley*
- Address *No 12 Paterson Park avenue*
- Remarks

that the physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23137

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1 child*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *January 29 1878*
4. Place of Birth (Street and Number) *1 Bonnet St*
5. Full Name of Mother *Rebecca Barber*
6. Mother's Maiden Name *Rebecca Cox*
7. Mother's Birthplace *Baltimore Co*
8. Full Name of Father *Lloyd Barber*
9. Father's Occupation *Corn Collector*
10. Father's Birthplace *Baltimore Co*
Name of Medical Attendant, or other Person who makes this return *Rachel Morgan*
Address *433 Alameda St*
Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23138

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether ~~Male~~ or Female)

2. Race or Color (if ~~not~~ of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

January 29th 1878

St. E. Madison - Baltimore City

Catharine Conroy

Catharine Taylor

England

Michael Conroy

Baltimore, Maryland

J. Ridgway Andrews

No. 11 E. Baltimore St.

Every physician, recorder, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

23139

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *one & held one mother*
1. Sex (state whether Male or Female) *female child*
2. Race or Color (if not of the white race) *Color rare*
3. Date of Birth *Jan the 29. 1878*
4. Place of Birth (Street and Number) *mat Eubank at No 8*
5. Full Name of Mother *Mary Libby Sewel*
6. Mother's Maiden Name *Mary Liza Willson*
7. Mother's Birthplace *Baltimore m d*
8. Full Name of Father *Washington Sewel*
9. Father's Occupation *eggster & butcher*
10. Father's Birthplace *Charles Co m d*
- Name of Medical Attendant, or other Person who makes this Return. *Louinda Woolford*
- Address *Eggster St 130 Baltimore m d*
- Remarks

RETURN OF A BIRTH.

2,3140

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Twelfth (12th)
Male

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

January 29th 1878

4. Place of Birth (Street and Number)

No 35 N. Spring St

5. Full Name of Mother

Josephine. Pyman.

6. Mother's Maiden Name

Josephine - Bishop.

7. Mother's Birthplace

Baltimore

8. Full Name of Father

John. Pyman.

9. Father's Occupation

Coach Painter

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this return

Harry St. Ollwell

Address

286 N. Donogh St

Remarks

and assist at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, nurse, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2,3141

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

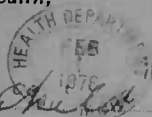
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race)
3. Date of Birth *January 29th 1878*
4. Place of Birth (Street and Number) *No 24 Mulliken St*
5. Full Name of Mother *Ann L. Williams*
6. Mother's Maiden Name *Ann L. Hahn*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *John E. Williams*
9. Father's Occupation *Carpenter*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this return *Harry A. Atwell*
- Address *286 W. Tonogh St*
- Remarks

I am my physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of my child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

93149

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Seventh

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Jan. 29/78

4. Place of Birth (Street and Number)

228 Franklin St.

5. Full Name of Mother

Mary Ray

6. Mother's Maiden Name

Knapf

7. Mother's Birthplace

Baltimore Md.

8. Full Name of Father

Robert Ray

9. Father's Occupation

Knickerbocker

10. Father's Birthplace

Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return.

H. R. Fetterhoff M.D.

Address

77 George St.

Remarks

that any physician, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23143

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

3. Date of Birth

January 29, 1878

4. Place of Birth (Street and Number)

251 E. Dallas St.

5. Full Name of Mother

Rachel Turckhart

6. Mother's Maiden Name

Rachel Young

7. Mother's Birthplace

Baltimore, Md.

8. Full Name of Father

Wm. Turckhart

9. Father's Occupation

Wax Maker

10. Father's Birthplace

Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return.

L. C. Gordon, M.D.

Address

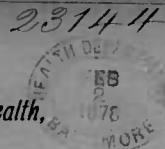
311 N. Broadway.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 29 February
4. Place of Birth (Street and Number) Baltimore 47 Johnson
5. Full Name of Mother Catherine Gilley
6. Mother's Maiden Name Catherine McGee
7. Mother's Birthplace Baltimore
8. Full Name of Father John Gilley
9. Father's Occupation Engineer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs Anna Nash
- Address
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

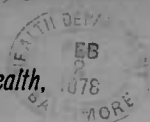
23143
HEALTH CITY
EB
78
MORE

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth February 29
4. Place of Birth (Street and Number) 198 Fort Ave Baltimore
5. Full Name of Mother Mary P. Ensel
6. Mother's Maiden Name Mary Adams
7. Mother's Birthplace Carroll's Store
8. Full Name of Father George Ensel
9. Father's Occupation Carpenter
10. Father's Birthplace Holland, Germany
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Ann Hahn
- Address
- Remarks

That any physician, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23146



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth January 29. 1877
4. Place of Birth (Street and Number) Baltimore. 27. Elizabeth Lane
5. Full Name of Mother Eliza Dettler
6. Mother's Maiden Name Eliza Carney
7. Mother's Birthplace Baltimore
8. Full Name of Father William Dettler
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs Ann Nash
- Address _____
- Remarks _____

Any physician, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23147

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d.
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth January 29 1878
4. Place of Birth (Street and Number) 281 Colman Street
5. Full Name of Mother Margdalena Knickhaum
6. Mother's Maiden Name Margt. Stroesle
7. Mother's Birthplace Baltimore
8. Full Name of Father Heinrich Knickhaum
9. Father's Occupation Barber
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this return M. R. Audiger
- Address 134 N. Bond Street
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23148

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *January 29. 1878*
4. Place of Birth (Street and Number) *303 Allicanna*
5. Full Name of Mother *Adelaide Westernman*
6. Mother's Maiden Name *Bishop*
7. Mother's Birthplace *Germany*
8. Full Name of Father *William Westernman*
9. Father's Occupation *Storekeeper*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Getzke*
- Address *No 55 S. Bond St*
- Remarks

Last any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23149

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth. 30 January

4. Place of Birth (Street and Number) 141 Front St

5. Full Name of Mother Bridget Donly

6. Mother's Maiden Name Sheehan

7. Mother's Birthplace Ireland

8. Full Name of Father Ambrose Doherty

9. Father's Occupation House Painter

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Martha T. Shinn

Address Mr T Garrett Place

Remarks

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent's, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

23150

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Third

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

30 January 1878

4. Place of Birth (Street and Number)

Palmerston Av. No 85

5. Full Name of Mother

Eliza Rebecca Bonnet

6. Mother's Maiden Name

" " Reister

7. Mother's Birthplace

Baltimore City

8. Full Name of Father

James White Bonnet

9. Father's Occupation

Printer & Stationer

10. Father's Birthplace

St. Mary's County Md

Name of Medical Attendant, or other Person who makes this Return.

Wahnona Stewart M.D.

Address

357 Baltimore St.

Remarks

that any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23151

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1st

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth January 30th 78

4. Place of Birth (Street and Number) 62 Park St.

5. Full Name of Mother Mary Eidmann

6. Mother's Maiden Name Erb

7. Mother's Birthplace Sachsen Weimar, Germany.

8. Full Name of Father Louis Eidmann

9. Father's Occupation Coffee Roaster

10. Father's Birthplace Balto. County.

Name of Medical Attendant, or other Person who makes this Return. Mary Koch

Address 328 E. Euterpe St.

Remarks Balto.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH.

23152

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c) *Fourth*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *January 30th 1878*
4. Place of Birth (Street and Number) *232 Charles St.*
5. Full Name of Mother *Eliza Stramb*
6. Mother's Maiden Name *" Abendschwan*
7. Mother's Birthplace *Balto.*
8. Full Name of Father *Charles Stramb*
9. Father's Occupation *Driver*
10. Father's Birthplace *Barania*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Mary Keoh
328 South. E. Street
Balto.

A physician, physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

213153

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race)
3. Date of Birth *January 30th 1878*
4. Place of Birth (Street and Number) *No 324 Mulberry St.*
5. Full Name of Mother *Mary Caldwell*
6. Mother's Maiden Name *Mary Kelly*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Martin Caldwell*
9. Father's Occupation *Machinist*
10. Father's Birthplace *Ireland*
- Name of Medical Attendant, or other Person who makes this return *Mrs Jane Winneberger*
- Address *No 23 N. Liberty St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23154

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *January 30th 1878*
4. Place of Birth (Street and Number) *No 255 N. Butaw St.*
5. Full Name of Mother *Martha Jane Laskins*
6. Mother's Maiden Name *Martha Jane Pateloff*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Allen Laskins*
9. Father's Occupation *Waiter*
10. Father's Birthplace *West River Md.*
- Name of Medical Attendant, or other Person who makes this return *Mrs Jane Winneberger*
- Address *No 23 N. Liberty St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23155

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) W. L. H.
3. Date of Birth 30 Jan. 1878
4. Place of Birth (Street and Number) 143 Spring St
5. Full Name of Mother Katherine Johnson
6. Mother's Maiden Name Lawson
7. Mother's Birthplace Germany
8. Full Name of Father August Johnson
9. Father's Occupation House
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this return Luphia Simon
- Address 1700 Grandy Street
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23156

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3d.*
1. Sex (state whether Male or Female) *Male.*
2. Race or Color (if not of the white race)
3. Date of Birth *January 30th 1878.*
4. Place of Birth (Street and Number) *Wall Street No. 1.*
5. Full Name of Mother *Mary E. Germershausen*
6. Mother's Maiden Name *Mary E. Weisbrod*
7. Mother's Birthplace *Baltimore, Md.*
8. Full Name of Father *Jacobs F. Germershausen*
9. Father's Occupation *School Teacher*
10. Father's Birthplace *Baltimore Md.*
- Name of Medical Attendant, or other Person who makes this return *Dorothea Brane*
- Address *114 Battery St*
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23157

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



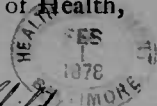
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *January 30 1878*
4. Place of Birth (Street and Number) *Baltimore Monroe St No 65*
5. Full Name of Mother *Catharine Reis*
6. Mother's Maiden Name *Catharine Smith*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Friedrich Reis*
9. Father's Occupation *Painter*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return *Mr S Faulstich*
- Address *Ranney St No 280*
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23158

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th Child
Male

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

Jan 30th 1878

4. Place of Birth (Street and Number)

18 346 Monroe St.

5. Full Name of Mother

Elizabeth Hendrick

6. Mother's Maiden Name

Edrich

7. Mother's Birthplace

Germany

8. Full Name of Father

Jacob Hendrick

9. Father's Occupation

Seaborer

10. Father's Birthplace

Germany

Names of Medical Attendant, or other Person who makes this return

J. Frohman midwife

Address

213 Cross St.

Remarks

Any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23159

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Name of child: *Adeline B. Black*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8th Child

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

3. Date of Birth

Jan 30^{ed} 1878

4. Place of Birth (Street and Number)

N 8th Waver st.

5. Full Name of Mother

Adeline Black

6. Mother's Maiden Name

Rodis

7. Mother's Birthplace

America

8. Full Name of Father

Samuel Black

9. Father's Occupation

Cooper

10. Father's Birthplace

America

Name of Medical Attendant, or other Person who makes this return

J. G. Schwasser midwife

Address

213 Cross st.

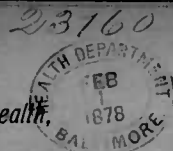
Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

negro

3. Date of Birth

January 30th 1878

4. Place of Birth (Street and Number)

No. 4 Q. Alley

5. Full Name of Mother

Georgiana Robinson

6. Mother's Maiden Name

"

7. Mother's Birthplace

Baltimore City

8. Full Name of Father

9. Father's Occupation

unknown

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Dr. H. Barclay M.D.

Address

208 Angelle Av.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23167

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c) *3rd Child*
1. Sex (state whether Male or Female) *Girl*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *30th January. Evening 12^h.*
4. Place of Birth (Street and Number) *cor. Greenmount and Calverton*
5. Full Name of Mother *Annalia Lamp.*
6. Mother's Maiden Name *Annalia Ernst. Penn*
7. Mother's Birthplace *Hanover Jackson*
8. Full Name of Father *Jacob Hermannus Lamp.*
9. Father's Occupation *Restaurant*
10. Father's Birthplace *Bayern Fatherless*
- Name of Medical Attendant, or other Person who makes this Return.
- Address *Anna Dunbar 60 Schaefer*
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23162

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4^d

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

January 30th 1878

4. Place of Birth (Street and Number)

5. Full Name of Mother

Maria Bress

6. Mother's Maiden Name

" " Lampert
Baltimore

7. Mother's Birthplace

8. Full Name of Father

Johann Bress

9. Father's Occupation

Laborer

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this return

Mrs. Louise Kraft

Address

Remarks

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23163

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Baltimore 3d,*
1. Sex (state whether Male or Female) *Baltimore*
2. Race or Color (if not of the white race) *It is White Race*
3. Date of Birth *30 January 1878*
4. Place of Birth (Street and Number) *Baltimore Ann St No 263*
5. Full Name of Mother *Kate Barok*
6. Mother's Maiden Name *Murak*
7. Mother's Birthplace *Prussia*
8. Full Name of Father *Frank Murak*
9. Father's Occupation *Store Keeper*
10. Father's Birthplace *Prussia*
Name of Medical Attendant, or other Person who makes this Return. *Mary Krieger*
Address *No 14 1st + N. 1st St*
Remarks *Baltimore 10222*

Let only physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23164

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

327

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

Colored

3. Date of Birth

Jan 30th

4. Place of Birth (Street and Number)

North Spring St

5. Full Name of Mother

Emma Robinson

6. Mother's Maiden Name

Baltimore

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Louisa Neaton

Address

Remarks

The father's name is not given

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23165

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *January 30th 1878*
4. Place of Birth (Street and Number) *367 N. Bay St.*
5. Full Name of Mother *Johanna Francis Kraus*
6. Mother's Maiden Name *Schulmeyer*
7. Mother's Birthplace *Baltimore, Md.*
8. Full Name of Father *John Michael Kraus*
9. Father's Occupation *Basket Manufacturer*
10. Father's Birthplace *Baltimore, Md.*
Name of Medical Attendant, or other Person who makes this return *Mr Reis*
Address *226 N. Lindbergh St*
Remarks *L. 22*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23166

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

male
1st

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

30 President St.

4. Place of Birth (Street and Number)

January 28 1878 x)

5. Full Name of Mother

Caroline Stein

6. Mother's Maiden Name

Caroline Blomeyer

7. Mother's Birthplace

United States

8. Full Name of Father

Peter Stein

9. Father's Occupation

Seaman

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Sarah Baeyer

Address

32 E. Lombard St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23167

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

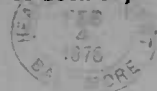
- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *3rd*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) _____
3. Date of Birth *January 30th 1878*
4. Place of Birth (Street and Number) *25 Eden St.*
5. Full Name of Mother *Eliza Graffe.*
6. Mother's Maiden Name *Eliza Wilson*
7. Mother's Birthplace *United States*
8. Full Name of Father *Henry B. Graffe*
9. Father's Occupation *Theodore*
10. Father's Birthplace *United States*
- Name of Medical Attendant, or other Person who makes this Return. *Sarah Cooper*
- Address *526 Lombard St.*
- Remarks _____

That any physician, apothecary, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23168

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5d*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *January 31st 1878*

4. Place of Birth (Street and Number) *Light Street 389.*

5. Full Name of Mother *Mary H. Robertson*

6. Mother's Maiden Name *Mary H. Hayward*

7. Mother's Birthplace *England*

8. Full Name of Father *Isaac H. Robertson*

9. Father's Occupation *Salesman*

10. Father's Birthplace *England*

Name of Medical Attendant, or other Person who makes this return *Dr. Porrother Brune*

Address *114 Balby St*

Remarks

advice at the birth of any child, within the City of Baltimore, shall report to the registrar abroad, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23169

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c) 6th
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Colored
3. Date of Birth Jan 31st 1876
4. Place of Birth (Street and Number) 212 1/2 Duncan Alley
5. Full Name of Mother Annice Johnson
6. Mother's Maiden Name Annice Moore
7. Mother's Birthplace Calvert County Md. U.S.
8. Full Name of Father Charles Johnson
9. Father's Occupation Book Binding
10. Father's Birthplace Washington D.C.
- Name of Medical Attendant, or other Person who makes this Return City Lockman
- Address 2152 McEllenry St
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23170

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th child
Female

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

Jan 31st 1878
No 117 Leaden hall st
Gunigunde Kraus
Dehmer

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

America
Michael Kraus
Shoemaker
Germany

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this return

J. Schiedasser midwife
213 Cross St.

Address

Remarks

any physician, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23171

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

31 January

4. Place of Birth (Street and Number)

2512 Front St

5. Full Name of Mother

Mary Reed

6. Mother's Maiden Name

Olsen

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Francis Reed

9. Father's Occupation

Cooper

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Uncle J. Schinner

Address

No 7 Forrest Place

Remarks

Let any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH.

23172

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c). *1st*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Jan. 31st 1878*
4. Place of Birth (Street and Number) *217 E. Pratt St.*
5. Full Name of Mother *Harriet Elton*
6. Mother's Maiden Name *Kelly*
7. Mother's Birthplace *Balts. City*
8. Full Name of Father *George Washington Elton*
9. Father's Occupation *Cooper*
10. Father's Birthplace *Balts. City*
- Name of Medical Attendant, or other Person who makes this Return. *E. D. Evans M.D.*
- Address *406 E. Balto. St.*
- Remarks *Child apparently healthy*



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23173



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th Child*
1. Sex (state whether Male or Female) *Female,*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Jan., 31st 78*
4. Place of Birth (Street and Number) *114 S. BACA ST.*
5. Full Name of Mother *Susan M. Long,*
6. Mother's Maiden Name *" " Hicks*
7. Mother's Birthplace *Missouri*
8. Full Name of Father *Henry Long,*
9. Father's Occupation *Conductor*
10. Father's Birthplace *Virginia*
Name of Medical Attendant, or other Person who makes this return *R. J. N. Tall, M.D.*
Address *152 Sharp St.*
Remarks *Ch. Living*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23174

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth.

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

2 child
female
colored
21st January
153 York st
Ida Wheeler
... Sutton
Baltimore md
James Wheeler
oyster shucker
Baltimore md

Larry Sidney

Not polio and Behave good!

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23175

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) white
3. Date of Birth January 31, 1878
4. Place of Birth (Street and Number) 188 south register st
5. Full Name of Mother Sarah E. Dotson
6. Mother's Maiden Name Sarah E. Casey
7. Mother's Birthplace Baltimore city
8. Full Name of Father George W. Dotson
9. Father's Occupation wire worker
10. Father's Birthplace Baltimore city

Name of Medical Attendant, or other Person who makes this return

Address

Remarks

Mary Conner 153 Choptank st
56 Jefferson st
St. Louis, Mo.
Baltimore Cemetery
Theodore J. Cook,

RETURN OF A BIRTH.

23176

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

17th

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

31st Jan 1898.

4. Place of Birth (Street and Number)

1652 McMechen St

5. Full Name of Mother

Barbara Ann Shetter

6. Mother's Maiden Name

" " Lockboehler

7. Mother's Birthplace

Baltimore City

8. Full Name of Father

Francis P. Shetter

9. Father's Occupation

Car-driver

10. Father's Birthplace

Easton, Berno, Switzerland.

Name of Medical Attendant, or other Person who makes this Return.

Charles A. Geiger M.D.

Address

Remarks

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23176

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

3. Date of Birth

31st January 1878

4. Place of Birth (Street and Number)

273 5th Dallas St

5. Full Name of Mother

Margaret Hersh

6. Mother's Maiden Name

" Fox

7. Mother's Birthplace

Germany

8. Full Name of Father

Charles Resler

9. Father's Occupation

Night Man

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this return

Mrs. Elizabeth Bushman

Address

120 Bank St.

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23178

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c) 5

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

January 31st 1878

4. Place of Birth (Street and Number)

1. Spring Court

5. Full Name of Mother

~~Jessie M. Merkel~~ Sarah Merkel

6. Mother's Maiden Name

S. M. Garity

7. Mother's Birthplace

Baltimore City

8. Full Name of Father

Ellis Merkel

9. Father's Occupation

General Laborer

10. Father's Birthplace

Landmont

Name of Medical Attendant, or other Person who makes this Return.

Morrison Beeson

Address 107 Hughes St

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

23179



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Child
Male

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

Jan 31st 1878
No 256 Baltimore av.
Caroline Bittner
Grimard

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

Germany.
John Bittner
Shoemaker

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Germany.
J. Schwaerer midwife
213 Cross St.

Name of Medical Attendant, or other Person who makes this return

Address

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23180

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d.*
1. Sex (state whether Male or Female) *Male.*
2. Race or Color (if not of the white race) *White.*
3. Date of Birth *January 31st 1878.*
4. Place of Birth (Street and Number) *213 George St.*
5. Full Name of Mother *Mary Rodgers.*
6. Mother's Maiden Name *Mary Lurvey.*
7. Mother's Birthplace *St Mary's Cos Md.*
8. Full Name of Father *George H Rodgers.*
9. Father's Occupation *Book Keeper.*
10. Father's Birthplace *Baltimore Md.*
- Name of Medical Attendant, or other Person who makes this Return. *Isaac Pennington Md.*
- Address *78 St. John St.*
- Remarks

MISSING

#23181

RETURN OF A BIRTH.

23182

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



1. Name of Mother (state whether 1st, 2d, 3d, &c) *6th*

2. State whether Male or Female *female*

3. Color (if not of the white race) *white*

4. Date of Birth *February 1st 1878*

5. Place of Birth (Street and Number) *No 94 N. Chesapeake St.*

6. Name of Mother *Martha Eckardt.*

7. Father's Maiden Name *Martha 18th.*

8. Father's Birthplace *Hessen, Germany.*

9. Full Name of Father *John Eckardt.*

10. Father's Occupation *Captain.*

11. Father's Birthplace *Prussia Ger.*

12. Name of Medical Attendant, or other Person who makes this Return. *Wm. H. Bull.*

13. Address *No 185 S. E. Cor. of Central av. & W. Carroll St.*

14. Remarks *All parts.*

Persons at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of the child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born; its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23183

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th Child*

1. Sex (state whether ~~Male~~ or Female) *Male*
 2. Race or Color (if not of the white race) *White*
 3. Date of Birth *February 1, 1878*
 4. Place of Birth (Street and Number) *N. Central Av. No. 123.*
 5. Full Name of Mother *Rosina Reiger*
 6. Mother's Maiden Name *Rosina Glahn*
 7. Mother's Birthplace *Oeschelbrunn, N. Wurttemberg, Germany*
 8. Full Name of Father *Johann Reiger*
 9. Father's Occupation *Cabinet-maker*
 10. Father's Birthplace *Neuharssigchen, N. Wurttemberg, Germany*
- Name of Medical Attendant, or other Person who makes this return *Mary E. Moller*
Address *N. Dallas St. No. 26.*
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23184

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. /



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

white

3. Date of Birth

1st Feb

4. Place of Birth (Street and Number)

30 S. Frederick St.

5. Full Name of Mother

Marie Heintz

6. Mother's Maiden Name

Marie Schumann

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Charles Schumann

9. Father's Occupation

Butcher

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Schiffer

Address

33 Newmarket Street

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23183

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Colored race*
3. Date of Birth *The first of February*
4. Place of Birth (Street and Number) *Baltimore No 15 Hollands*
5. Full Name of Mother *Margaret Bonds*
6. Mother's Maiden Name *Margaret Robinson*
7. Mother's Birthplace *New York N.Y.*
8. Full Name of Father *Joseph Bonds*
9. Father's Occupation *Baltimore No laboring man*
10. Father's Birthplace *Baltimore N.Y.*
- Name of Medical Attendant, or other Person who makes this Return. *Leah Weber*
- Address *198 South Dallas st*
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Baltimore first born*
1. Sex (state whether Male or Female) *in Baltimore*
2. Race or Color (if not of the white race) *it is White Race*
3. Date of Birth *1 January 1878*
4. Place of Birth (Street and Number) *Baltimore, Jefferson St. No. 247*
5. Full Name of Mother *Kate Tanner*
6. Mother's Maiden Name *Race*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *George Race*
9. Father's Occupation *Sailor*
10. Father's Birthplace *Stockton*
Name of Medical Attendant, or other Person who makes this Return *Mary R. R. R.*
Address *1067 Mt. Pleasant St.*
Remarks

that any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23187

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2 Child*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Feb 1st 1877*
4. Place of Birth (Street and Number) *100 N. Baltimore Street*
5. Full Name of Mother *Dr. Blackwood*
6. Mother's Maiden Name *E. Smith*
7. Mother's Birthplace *England*
8. Full Name of Father *John Smith*
9. Father's Occupation *Farmer*
10. Father's Birthplace *England*
- Name of Medical Attendant, or other Person who makes this return *Dr. Blackwood*
- Address *Baltimore*
- Remarks *all of them that*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23188

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth February 18 1878
4. Place of Birth (Street and Number) No. 85 Baltimore St
5. Full Name of Mother Lucilla Donohue
6. Mother's Maiden Name Lucilla Linley
7. Mother's Birthplace America
8. Full Name of Father John Donohue
9. Father's Occupation Laborer
10. Father's Birthplace America
- Name of Medical Attendant, or other Person who makes this return Eliza Jennings
- Address No 95 - Baltimore
- Remarks healthy

RETURN OF A BIRTH.

23/89

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



Id of Mother (state whether 1st, 2d, 3d, &c.)

one

e whether Male or Female)

Male

Color (if not of the white race)

white race

Birth

February the 1st

Birth (Street and Number)

Baltimore Port St No 40

ne of Mother

Mary Mabeley

Maiden Name

Mary Chapman

Birthplace

unoplar

ne of Father

John Mabeley

Occupation

Dispatches

Birthplace

New York

Medical Attendant, or other Person who makes this Return.

Elizabeth Luther

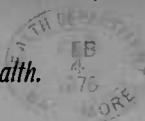
Port St No 6

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

23190



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

The Eighth
Female

1. Sex (state whether Male or Female)...

2. Race or Color (if not of the white race)

White

3. Date of Birth

February 1st

4. Place of Birth (Street and Number)

107 South Monument St Baltimore

5. Full Name of Mother

Augusta Dickerson

6. Mother's Maiden Name

Conrad

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Thomas Dickerson

9. Father's Occupation

Police Off

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Wm. Sebach

Address

439 West Pratt St

Remarks

and any physician, nurse, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

23191

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second
1. Sex (state whether ~~Male~~ or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 7th 50th A. M. 1st February, 1878.
4. Place of Birth (Street and Number) No. 14 1/2 Mount St. Baco City.
5. Full Name of Mother Mary Elizabeth Sheets
6. Mother's Maiden Name Mary Elizabeth Sheets
7. Mother's Birthplace Baltimore City
8. Full Name of Father James Addison Sheets
9. Father's Occupation Wagoner Clerk
10. Father's Birthplace North Liberty, Adams Co. Ohio.
Name of Medical Attendant, or other Person who makes this Return. Wm. S. Drushy M.D.
Address 83 Franklin St
Remarks

advised at the birth of any child, within the City of Baltimore, shall report to the registrar, on or before the sixth day thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

23199



Male
White

Feb 1 1878

113 Humb St

Emma Layton

Emma Chisolm

Pa

John Layton

Painter

Pa

H B Noble M D

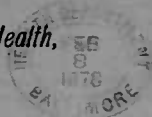
17 Drumm av

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23193

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex (state whether Male or Female) *male*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *Febr. 1st 1878*
4. Place of Birth (Street and Number) *94 W. Pratt st.*
5. Full Name of Mother *Mary Virginia Naughton*
6. Mother's Maiden Name *" " Makon*
7. Mother's Birthplace *Balto. City Md.*
8. Full Name of Father *Thomas B. Naughton*
9. Father's Occupation *Catner*
10. Father's Birthplace *Ireland*
Name of Medical Attendant, or other Person who makes this Return. *P. B. Dausch*
Address *27 N. Broadway*
Remarks

and any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7

1. Sex (state whether ~~Male~~ or Female)

2. Race or Color (~~if not of the white race~~)

3. Date of Birth: 1st day of February 1878

4. Place of Birth (Street and Number) 120 Corner

5. Full Name of Mother Mary Elizabeth Smith

6. Mother's Maiden Name Rose

7. Mother's Birthplace Holland

8. Full Name of Father Michael Henry Smith

9. Father's Occupation Quartermaster

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

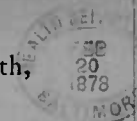
Geo. W. Harrison M.D.
18 Disquith St Balt.

any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

231.95

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) _____
3. Date of Birth Sept 18 78
4. Place of Birth (Street and Number) Eastern St
5. Full Name of Mother Ellie Buchanan
6. Mother's Maiden Name Brown
7. Mother's Birthplace Richmond Va
8. Full Name of Father Geo. Buchanan
9. Father's Occupation Printer
10. Father's Birthplace St Louis Mo
- Name of Medical Attendant, or other Person who makes this return Samuel Buchanan
- Address 221 Eastern St
- Remarks _____

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23196

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Feb 1st

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

African

3. Date of Birth

Feb 1st

4. Place of Birth (Street and Number)

Balto No 6 yain street

5. Full Name of Mother

Lizzie Tailor

6. Mother's Maiden Name

Lizzie Green

7. Mother's Birthplace

Calvert County

8. Full Name of Father

Thos Tailor

9. Father's Occupation

Oyster shucker

10. Father's Birthplace

Balto

Name of Medical Attendant, or other Person who makes this Return.

Mary Chase

Address

No 10 peach alley

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23197

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) _____
3. Date of Birth 12th February 1898
4. Place of Birth (Street and Number) 24 Fremont St
5. Full Name of Mother Henrietta Briggs
6. Mother's Maiden Name Cartmire
7. Mother's Birthplace Baltimore, Md
8. Full Name of Father Robert Briggs
9. Father's Occupation Carpenter
10. Father's Birthplace Prussia

Name of Medical Attendant, or other Person who makes this Return. Richard M. Miller

Address _____

Remarks _____

Not any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23198

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

February 1st 1897

4. Place of Birth (Street and Number)

284 Canton Ave. W.

5. Full Name of Mother

Mrs. M. Hodges

6. Mother's Maiden Name

A. J. Marshall

7. Mother's Birthplace

America

8. Full Name of Father

A. B. Hodges

9. Father's Occupation

Captain

10. Father's Birthplace

America

Name of Medical Attendant, or other Person who makes this return

Mrs. Mary Simms

Address

203 Washington St.

Remarks

And any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23199

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth January 17

4. Place of Birth (Street and Number) Baltimore St. & Holliday St.

5. Full Name of Mother Mary Elizabeth

6. Mother's Maiden Name Jane A. Miller

7. Mother's Birthplace Baltimore

8. Full Name of Father Frank A. Miller

9. Father's Occupation Lawyer

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Mary R. [unclear]

() () ()

and any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23300

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th Child*

1. Sex (state whether ~~Male~~ or Female)
2. Race or Color (if not of the white race) *White*
3. Date of Birth *February 14th 1878*
4. Place of Birth (Street and Number) *N. Dallas St. No. 42.*
5. Full Name of Mother *Caroline Freese*
6. Mother's Maiden Name *Caroline Koch*
7. Mother's Birthplace *Braunschweig, Gr. Hesse, Germany*
8. Full Name of Father *Christian Freese*
9. Father's Occupation *Gutter Dealer*
10. Father's Birthplace *Prussia, Tourist, Waldeck, Germany*

Name of Medical Attendant, or other Person who makes this return

Mary E. Muller

Address *N. Dallas St. No. 26.*

Remarks

RETURN OF A BIRTH.

23201

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *One (1)*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *February 2nd 1878*
4. Place of Birth (Street and Number) *No. 16 Warren Court*
5. Full Name of Mother *Margaret Trusty*
6. Mother's Maiden Name *Margaret Jacobs*
7. Mother's Birthplace *Norfolk Va.*
8. Full Name of Father *William Trusty*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Baltimore Md.*
- Name of Medical Attendant, or other Person who makes this Return. *Leah Walker.*
- Address *No. 198 South Dallas St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall deliver, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Baltimore*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *it is white*
3. Date of Birth *2d February 1893*
4. Place of Birth (Street and Number) *Baltimore, between 1st and 2nd*
5. Full Name of Mother *Grace*
6. Mother's Maiden Name *Karchak*
7. Mother's Birthplace *Polotsk*
8. Full Name of Father *J. Karchak*
9. Father's Occupation *Tailor*
10. Father's Birthplace *Polotsk*
- Name of Medical Attendant, or other Person who makes this Return. *Mary Lighter*
- Address..
- Remarks

That any physician, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23273

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this return

Address

Remarks

Two
Male
White
Chicago 24 878
625 24th St
Fannie Campbell
Fannie Taylor
Baltimore
Charles Campbell
Machinist
Baltimore
Theodore Locke M.D.

For any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23204

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Feb 20 1878

4. Place of Birth (Street and Number)

25 N. Lombard St

5. Full Name of Mother

Mary C. Crouch

6. Mother's Maiden Name

Mary C. Cooke

7. Mother's Birthplace

Virginia

8. Full Name of Father

Wm Crouch

9. Father's Occupation

Wagoner

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this return

Theodore Cooke M.D.

Address

Remarks

that any physician, accouchleur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23205

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.
1. Sex (state whether Male or Female) Female.
2. Race or Color (if not of the white race) White.
3. Date of Birth Feb. 2nd 1878.
4. Place of Birth (Street and Number) 4 Shakespeare St.
5. Full Name of Mother Gertrude Simon.
6. Mother's Maiden Name Gertrude Simon.
7. Mother's Birthplace Germany.
8. Full Name of Father Mike Simon.
9. Father's Occupation Laborer.
10. Father's Birthplace Germany.
- Name of Medical Attendant, or other Person who makes this return Mrs. A. Arnold.
- Address 1134 Hope St.
- Remarks

Every physician, accoucher, midwife, or other person in a large, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

23206



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) one Child one mother

1. Sex (state whether Male or Female) male Child

2. Race or Color (if not of the white race) Colored Race 1111

3. Date of Birth Feb the 2. 18. 78

4. Place of Birth (Street and Number) Durham St No 17

5. Full Name of Mother 1111

6. Mother's Maiden Name Lauer Blake

7. Mother's Birthplace Baltimore m d

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who make this Return. Laurinda Wadford

Address Eccelesior St 130 Baltimore m d

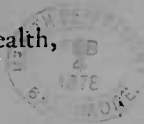
Remarks

Let any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23207

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth
Male

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

February 2nd 1878
No 488 Biddle.

4. Place of Birth (Street and Number)

5. Full Name of Mother

Caroline Virginia Coombs.

6. Mother's Maiden Name

Caroline Virginia Bond.

7. Mother's Birthplace

Baltimore

8. Full Name of Father

John W. Coombs.

9. Father's Occupation

Painter.

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this return

Mary A. Allwell

Address

236 W. Donagh 1st

Remarks

And any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

40261.

RETURN OF A BIRTH.

23208

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex (state whether Male or Female) *female*
2. Race or Color (if not of the white race) *wh. to*
3. Date of Birth *Febr. 2. 1878*
4. Place of Birth (Street and Number) *W. Wall str No 72*
5. Full Name of Mother *Lina Bennet*
6. Mother's Maiden Name *Hoffmann*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Edw'd Bennet*
9. Father's Occupation *Plaster*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this return *Wm. Lehmann* *Prapack*
- Address *W. Wall str No 28*
- Remarks *undruse*

I am any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

60262.

RETURN OF A BIRTH.

23209

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 96
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth Febr. 2, 1898
4. Place of Birth (Street and Number) Pratt st. No. 226
5. Full Name of Mother Margaretta Schaefer
6. Mother's Maiden Name Hoessler
7. Mother's Birthplace Elfeld, Prussia
8. Full Name of Father Michael Schaefer
9. Father's Occupation Carriage maker
10. Father's Birthplace Legen, Prussia
Name of Medical Attendant, or other Person who makes this return Wm. L. Brumback
Address N. Wolfe st. No. 28
Remarks undone

Let any physician, apothecary, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23210

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

22 February 1878

4. Place of Birth (Street and Number)

184 Washington St

5. Full Name of Mother

B. V. Jones

6. Mother's Maiden Name

Barbara Vogel

7. Mother's Birthplace

Germany

8. Full Name of Father

Chris Jones

9. Father's Occupation

Cann Maker

10. Father's Birthplace

Prussia

Name of Medical Attendant, or other Person who makes this return

Dr. Mary E. Sigman

Address

203 Washington St

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar before said, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23211

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

White
Feb 2nd 1878
339 So. Avenue
Sarah Anderson
Kendall
Baltimore
Jm Henry Anderson
Mechanic
Virginia

H. L. S. S. S. S.
379 W. Lombard St

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23212

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c)

5 4 1
male

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

2 Feb. 1878

4. Place of Birth (Street and Number)

8 S. Second

5. Full Name of Mother

Jeanette Duane
Welsh

6. Mother's Maiden Name

7. Mother's Birthplace

N. S.
John Duane
Police

8. Full Name of Father

9. Father's Occupation

N. S.

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Sarah C. Cooper
526 Lombard.

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23213

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *6th*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Feb 2nd 1878*
4. Place of Birth (Street and Number) *286 E. Balt st*
5. Full Name of Mother *Mary E. Conner*
6. Mother's Maiden Name *Mary E. Puchile*
7. Mother's Birthplace *Balt Md.*
8. Full Name of Father *John H. Conner*
9. Father's Occupation *Physician*
10. Father's Birthplace *Anna Polis Md*
- Name of Medical Attendant, or other Person who makes this Return. *John H. Conner*
- Address *286 E. Balt st*
- Remarks

advised at the birth of any child, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

23211
HEALTH DEPT
MAR 1
BALTIMORE
1st
Female
White
Feb 3^d 1878
147 Riverside av
Georgiana Fallon
Lgry - Armsworth
Mdr
Daniel Fallon
Laborer
Mdr
H. B. Noble, Mdr
17 W. 11th av

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

23215



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Eighth Child*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *Primary 3rd 1878*
4. Place of Birth (Street and Number) *414 W. Chapel St. Baltimore City*
5. Full Name of Mother *Mary Jane Green*
6. Mother's Maiden Name *Mary Jane Cooper*
7. Mother's Birthplace *Baltimore, Maryland*
8. Full Name of Father *Leopold Green*
9. Father's Occupation *Carpenter*
10. Father's Birthplace *Baltimore Maryland*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Anne Schmitz*
- Address *No. 174. Orleans St. Baltimore Maryland*
- Remarks *Child very healthy*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23216

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st.*
1. Sex (state whether Male or Female) *Female.*
2. Race or Color (if not of the white race) *Feb. 3^d 1878.*
3. Date of Birth *Battery No. No. 116.*
4. Place of Birth (Street and Number) *Louise Schmock.*
5. Full Name of Mother *Louise Schmock.*
6. Mother's Maiden Name *Baltimore Md.*
7. Mother's Birthplace *George Schmock.*
8. Full Name of Father *Salar*
9. Father's Occupation *Baltimore Md.*
10. Father's Birthplace *Name of Medical Attendant, or other Person who makes this return.*
- 177* *Prothea Brune.*
- Address *Battery No.*
- Remarks

That any physician, secondour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23217

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

7th
Feygle

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

3. Date of Birth

Feb 2nd 1878

4. Place of Birth (Street and Number)

23217 Congress St

5. Full Name of Mother

Amanda Mitchell

6. Mother's Maiden Name

Amanda Wingate

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Wm Mitchell

9. Father's Occupation

Samson

10. Father's Birthplace

Worcester Co Mass

Name of Medical Attendant, or other Person who makes this Return.

Theodore Cook M.D.

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Feb. 3rd 1878

4. Place of Birth (Street and Number) 4 Portugal St.

5. Full Name of Mother Katie Gaudin

6. Mother's Maiden Name Katie Gaudin

7. Mother's Birthplace Germany

8. Full Name of Father John Gaudin

9. Father's Occupation Farmer

10. Father's Birthplace America

Name of Medical Attendant, or other Person who makes this return

Address No. 137 Wolfe St

Remark H

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

40264.

RETURN OF A BIRTH.

23219

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this return

Address

Remarks

Male

white

Febr. 3. 1878

S. Wolfstr No 50

Marion Metzger

Stump

Oberfahrig Beserger

Johann Metzger

Turner

Baltimore

Mrs. Johanna Knapp

S. Wolfstr No 28

W. Dwyer

I am any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No 263.

RETURN OF A BIRTH.

22 220

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c)

1. Sex (state whether Male or Female)

female
white

2. Race or Color (if not of the white race)

3. Date of Birth

Febr. 3. 1878

4. Place of Birth (Street and Number)

Wolfe St No 25

5. Full Name of Mother

Anna Schalte

6. Mother's Maiden Name

Schleser

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Johann Schalte

9. Father's Occupation

Shoemaker

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this return

Wm. Johann Traupach

Address

Wolfe St No 25

Remarks

live

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23227

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c) *First*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Feb. 3. 1878.*
4. Place of Birth (Street and Number) *No. 452 Cross St.*
5. Full Name of Mother *Elisbeth Schmitt*
6. Mother's Maiden Name *" Fenge.*
7. Mother's Birthplace *Baltimore Md.*
8. Full Name of Father *Ernst Schmitt.*
9. Father's Occupation *Shumaker*
10. Father's Birthplace *Nelsungen Germany.*
- Name of Medical Attendant, or other Person who makes this Return.
- Address *St. Ann. Luther*
- Remarks *60 Superior*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23222

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth February 3rd 1878
4. Place of Birth (Street and Number) No 108 S. Paca St.
5. Full Name of Mother Elizabeth Reddison
6. Mother's Maiden Name Elizabeth Boyce
7. Mother's Birthplace Baltimore City
8. Full Name of Father Zachariah Reddison
9. Father's Occupation Baggage Master B.O. & R.R.
10. Father's Birthplace Baltimore County
- Name of Medical Attendant, or other Person who makes this Return. Samuel H. Henry M.D.
- Address 198. Druid Hill. Ave
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereon, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23223

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



Name: *Ida Maria Peter*

No. of Child of Mother (state whether 1st, 2d, 3d, &c)

2nd

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Feb 3d.

4. Place of Birth (Street and Number)

391 N. Balt. St.

5. Full Name of Mother

Albertina Peters

6. Mother's Maiden Name

(Germann) Hermann

7. Mother's Birthplace

Balto.

8. Full Name of Father

*John Peters
Barker*

9. Father's Occupation

10. Father's Birthplace

Balto.

Name of Medical Attendant, or other Person who makes this Return.

Mary Krow

Address

328 South. Eutaw st.

Remarks

B. M. D.

1. The attending physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *the 4th*
1. Sex (state whether Male or Female) *male*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *February the 3d 1878*
4. Place of Birth (Street and Number) *No 606 High Baltimore City*
5. Full Name of Mother *Eliza Lucy*
6. Mother's Maiden Name *Shea*
7. Mother's Birthplace *Ireland*
8. Full Name of Father *Patrick Lucy*
9. Father's Occupation *laborer*
10. Father's Birthplace *Ireland*
- Name of Medical Attendant, or other Person who makes this return *Dr. J. M. W. W. W.*
- Address *74 Southfall St. N.Y.*
- Remarks

Any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full names nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23295

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 3d February, 1878
4. Place of Birth (Street and Number) 196 Mosher Street
5. Full Name of Mother Susan Ann Odum
6. Mother's Maiden Name " " Arlington
7. Mother's Birthplace Ash County N.C.
8. Full Name of Father John B. Odum
9. Father's Occupation Merchant
10. Father's Birthplace Hampton County N.C.

Name of Medical Attendant, or other Person who makes this Return. Henry L. Byrd M.D.

Address 139 N. Arlington Avenue

Remarks Birth presentation. Mother & child

doing well

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2,32,26

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Child
Female

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

Feb 3rd 1878

4. Place of Birth (Street and Number)

No 292 Cross St

5. Full Name of Mother

Elizabeth Henkle

6. Mother's Maiden Name

Scibel, American

7. Mother's Birthplace

William Henkle

8. Full Name of Father

Germany

9. Father's Occupation

Box maker

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this return

J. Schwaeser midwife
213 Cross St.

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23227

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



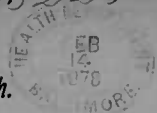
- No. of Child of Mother (state whether 1st, 2d, 3d, &c) 4
1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) _____
3. Date of Birth 3 Feb. 1878
4. Place of Birth (Street and Number) 6 Albemarle
5. Full Name of Mother Mary Keller
6. Mother's Maiden Name " Sheirking
7. Mother's Birthplace Ireland
8. Full Name of Father Thomas Keller
9. Father's Occupation Cabman
10. Father's Birthplace Ireland
- Name of Medical Attendant, or other Person who makes this Return. Sarah Casper
- Address 52 E. Lombard.
- Remarks _____

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

23228



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth February 4th 1878
4. Place of Birth (Street and Number) No 20 Elizabeth Lane
5. Full Name of Mother Mary M. Hale
6. Mother's Maiden Name Mary Perry
7. Mother's Birthplace Pennsylvania
8. Full Name of Father John M. Hale
9. Father's Occupation Blacksmith
10. Father's Birthplace Ireland
- Name of Medical Attendant, or other Person who makes this Return. Catherine Horner
- Address No 21 West
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23229

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 4 February
Place of Birth (Street and Number) 651 Hartford Ave
Full Name of Mother Mary Mc Cabe
6. Mother's Maiden Name Byrne
7. Mother's Birthplace Delaware
8. Full Name of Father James Mc Cabe
9. Father's Occupation Police Officer
10. Father's Birthplace Baltimore
Name of Medical Attendant, or other Person who makes this Return. Wm. J. Thomas
Address No 7 Foxcroft Place
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23230

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7 d.*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *February 4. 1878*
4. Place of Birth (Street and Number) *William Baggot No 236.*
5. Full Name of Mother *Elizabeth Thehnst.*
6. Mother's Maiden Name *Elizabeth Gerbrich*
7. Mother's Birthplace *Baltimore, M.d.*
8. Full Name of Father *John Thehnst.*
9. Father's Occupation *Engineer.*
10. Father's Birthplace *Baltimore, M.d.*
- Name of Medical Attendant, or other Person who makes this return *Brothera Beune.*
- Address *114 Battery St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23237

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2th

1. Sex (state whether Male or Female) Girl

2. Race or Color (if not of the white race) White

3. Date of Birth 4th February

4. Place of Birth (Street and Number) 154 Durham Street

5. Full Name of Mother Magdalena Lewenowska

6. Mother's Maiden Name Buzynski

7. Mother's Birthplace Linn Germany

8. Full Name of Father Anton Buzynsky

9. Father's Occupation

10. Father's Birthplace Wronowice Germany

Name of Medical Attendant, or other Person who makes this return Marie Güttner

Address Wolfe Street 245

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

February 11th 1878

No 21 North St. W. of Monument

Rebecca Winters

Rebecca Adams

Baltimore

John Winters

Blackster

Baltimore Maryland

Ridgway Andrew

No 121 E Baltimore St

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23933

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

6th

1. Sex (state whether Male or Female)

White Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Feb 14 1888

4. Place of Birth (Street and Number)

32 E. Church

5. Full Name of Mother

Amanda E. Craig

6. Mother's Maiden Name

Amanda E. Church

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Thos. S. Craig

9. Father's Occupation

Boiler maker

10. Father's Birthplace

Dorchester Co. Md.

Name of Medical Attendant, or other Person who makes this Return.

Theodore Cook M.D.

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23234



To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

~~Male~~ yph
male
white
Feb'y 4th 1878
1952 E St
Mary F. Wheatley
Mary F. Abbott
Baltimore
Geo C. Wheatley
Engineer
Baltimore
Theodore F. M. W.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23235

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Child 1st*
1. Sex (state whether Male or Female) *female*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *Feb the 4*
4. Place of Birth (Street and Number) *More ally No 49*
5. Full Name of Mother
6. Mother's Maiden Name *Mary E Hood*
7. Mother's Birthplace *Monstagne county*
8. Full Name of Father *Frank Pickens*
9. Father's Occupation *Water*
10. Father's Birthplace *Virginia*
Name of Medical Attendant, or other Person who makes this Return. *Lucy E. Conmish*
Address *No 49 More ally*
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23236

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3
1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) _____
3. Date of Birth 4 Feb 1878
4. Place of Birth (Street and Number) 104 Caroline St.
5. Full Name of Mother Katherine Weber
6. Mother's Maiden Name " Schubert
7. Mother's Birthplace N. States
8. Full Name of Father J. Weber
9. Father's Occupation Baker
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Sarah Carter
- Address 32 E. Sun Vard
- Remarks _____

Also at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23237

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Feb'y 4th 1888

4. Place of Birth (Street and Number)

#158 Battery av.

5. Full Name of Mother

Laura J. Full

6. Mother's Maiden Name

Barnett

7. Mother's Birthplace

Maryland

8. Full Name of Father

George Full

9. Father's Occupation

Mariner

10. Father's Birthplace

Maryland

Name of Medical Attendant, or other Person who makes this Return.

P. C. Lee

Address

Handon & Barn Sts.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23238

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *February 4th 1898*
4. Place of Birth (Street and Number) *56 Myrick Street*
5. Full Name of Mother *Catherine Barry*
6. Mother's Maiden Name *Catherine Rickland*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Joseph Barry*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Germany*
Name of Medical Attendant, or other Person who makes this Return. *Wm. C. Colburn*
Address *369 W. Lombard St.*
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23239

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th Child*

1. Sex (state whether Male or Female) *Male*
 2. Race or Color (if not of the white race) *White*
 3. Date of Birth *February 2nd, 1878.*
 4. Place of Birth (Street and Number) *N. Durham St. No. 107*
 5. Full Name of Mother *Louise Köhler*
 6. Mother's Maiden Name *Louise Hill*
 7. Mother's Birthplace *Höchst. Gr. Hessen. Germany*
 8. Full Name of Father *Wilhelm Köhler*
 9. Father's Occupation *Cooper*
 10. Father's Birthplace *Leinheim. furs. S. Meiningen. Germany*
- Name of Medical Attendant, or other Person who makes this return *Mary E. Muller*
Address *N. Dallas St. No. 26.*
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

23240



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *This Child*

1. Sex (state whether Male or Female) ~~Female~~
 2. Race or Color (if not of the white race) *White*
 3. Date of Birth *February 11th 1888*
 4. Place of Birth (Street and Number) *N. Central St. No. 57.*
 5. Full Name of Mother *Magdalena Pennig*
 6. Mother's Maiden Name *Magdalena Müller*
 7. Mother's Birthplace *Elden. Pr. Preussen Germany*
 8. Full Name of Father *Daniel Pennig*
 9. Father's Occupation *Laborer*
 10. Father's Birthplace *Aldorf. Pr. Preussen. Germany*
- Name of Medical Attendant, or other Person who makes this return *Mary E. Maller*
Address *N. Dallas St. No. 26.*
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23241

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *9th Child*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race)
3. Date of Birth *Feb 4th 1878*
4. Place of Birth (Street and Number) *No 735 Hanover st*
5. Full Name of Mother *Louise Kadelnietz*
6. Mother's Maiden Name *Budd*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Heinrich Kadelnietz*
9. Father's Occupation *Butcher*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this return *A. Schwasser midwife*
- Address *213 Broad st.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23242

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 children
1. Sex (state whether Male or Female) Female.
2. Race or Color (if not of the white race) White
3. Date of Birth 4 of February
4. Place of Birth (Street and Number) Johnson St No 154
5. Full Name of Mother Anna Wagner Katz
6. Mother's Maiden Name Anna Wagner
7. Mother's Birthplace Baltimore
8. Full Name of Father Abraham Katz
9. Father's Occupation Salar Work
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return Mrs Grisham
- Address West St No 128
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

23243

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Black*
3. Date of Birth *Feb. 4th 1878*
4. Place of Birth (Street and Number) *No. 71 Mon. al.*
5. Full Name of Mother *Rebecca Hayward*
6. Mother's Maiden Name *" Stewart*
7. Mother's Birthplace *No 109 Mon. al.*
8. Full Name of Father *Henry Hayward*
9. Father's Occupation *Barber*
10. Father's Birthplace *Jefferson St., Balto.*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

H. B. Gardner
120 N. Grand St.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23244

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c) 5

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

3. Date of Birth

4 Feb. 1878

4. Place of Birth (Street and Number)

9 Constitution

5. Full Name of Mother

Minnie Rafferty

6. Mother's Maiden Name

Lehon

7. Mother's Birthplace

Ireland

8. Full Name of Father

Thomas Dexter

9. Father's Occupation

Machinist

10. Father's Birthplace

Ireland

Name of Medical Attendant, or other Person who makes this Return.

Sarah Casper

Address

52 E. Lombard

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *fourth* *4111*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *4 February*
4. Place of Birth (Street and Number) *26 E. Eager St.*
5. Full Name of Mother *Virginia Pohl*
6. Mother's Maiden Name *Taylor*
7. Mother's Birthplace *Balto.*
8. Full Name of Father *Frederic Pohl*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Balto.*
- Name of Medical Attendant, or other Person who makes this Return. *J. Henslee*
- Address *20 Barnes St.*
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Final
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Colored
3. Date of Birth Feb 5 1878
4. Place of Birth (Street and Number) 862 1/2 st
5. Full Name of Mother Mrs. F. M. Mason
6. Mother's Maiden Name Mary Ellen Cole
7. Mother's Birthplace St. Mary County Md.
8. Full Name of Father William L. Mason
9. Father's Occupation Porter & the Police cars
10. Father's Birthplace Petersburg Virginia
- Name of Medical Attendant, or other Person who makes this Return. _____
- Address 42 Mrs. Ellen Stubbs 42 Sharp st
- Remarks _____

that any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Boy

2. Race or Color (if not of the white race) White

3. Date of Birth 22 Jackson Street 5 February

4. Place of Birth (Street and Number) 22 Jackson Street

5. Full Name of Mother. Auguste Müller

6. Mother's Maiden Name Szeps

7. Mother's Birthplace Danzig Germany

8. Full Name of Father Karl Szeps

9. Father's Occupation

10. Father's Birthplace Königsberg Germany

Name of Medical Attendant, or other Person who makes this return Maria Güttner

Address Wolfe Street 245.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23248

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth the 5 of February
4. Place of Birth (Street and Number) on W. Hoff and States St.
5. Full Name of Mother Finnei Hoff
6. Mother's Maiden Name Finnei Harbert
7. Mother's Birthplace Beddelsom, Frederick County Virginia.
8. Full Name of Father Fredrick Gay Harbert
9. Father's Occupation Taylor
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return.

Address Abes Sauer

Remarks 173. Harbert cr.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23249

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) *Second*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *January the 5th 1875*
4. Place of Birth (Street and Number) *No 227. E. Eager Street*
5. Full Name of Mother *Mary Burdett*
6. Mother's Maiden Name *Mary Caldwell*
7. Mother's Birthplace *Baltimore City*
8. Full Name of Father *Frank Burdett*
9. Father's Occupation *Iron Worker*
10. Father's Birthplace *Baltimore City*
Name of Medical Attendant, or other Person who makes this Return. *Mrs. St. J. Bull*
Address *No 185 E. E. Cor. of Monument St. & Central av.*
Remarks *Taller Hall*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23250

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)

Seventh.

1. Sex (state whether Male or Female)

female

2. Race or Color (if not of the white race)

White

3. Date of Birth

February 5th. 1878

4. Place of Birth (Street and Number)

No 4. Chapple Street

5. Full Name of Mother

Lizzie Harris. Hollman

6. Mother's Maiden Name

Lizzie Harris

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Daniel Hollman

9. Father's Occupation

Carr Conductor.

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs. M. A. Pratt

Address

No 185. Cor. Monument & Centre St.

Remarks

Well.

Not any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22251

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *3d February 1891*
4. Place of Birth (Street and Number) *Baltimore Bond St.*
5. Full Name of Mother *Mary Blair*
6. Mother's Maiden Name *Mary Simon*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Wm. Simon*
9. Father's Occupation *Sailor*
10. Father's Birthplace *Shipmona*
- Name of Medical Attendant, or other Person who makes this Return. *Mary R. Dyer*
- Address *67 Thacker St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23252

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third
Female

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

Feb 5th 1878

4. Place of Birth (Street and Number)

E. Monument St. E. of Chester

5. Full Name of Mother

Mary Lockel

6. Mother's Maiden Name

Mary ~~James~~ Truam

7. Mother's Birthplace

Germany

8. Full Name of Father

Frank Lockel

9. Father's Occupation

Butcher

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this return

Mary A. Allwell

Address

286 W. Donogh St

Remarks

that any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23253

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3^d
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) 1
3. Date of Birth 5th of February
4. Place of Birth (Street and Number) No 57 Pine St.
5. Full Name of Mother Mary Saffray
6. Mother's Maiden Name Mary Imbold
7. Mother's Birthplace Baltimore
8. Full Name of Father John Saffray
9. Father's Occupation Printer
10. Father's Birthplace Baltimore
Name of Medical Attendant, or other Person who makes this Return. Mrs Lintzer
Address 45 Monroe St.
Remarks

RETURN OF A BIRTH.

23254

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



Child of Mother (state whether 1st, 2d, 3d, &c.)

one
female

(state whether Male or Female)

Sex or Color (if not of the white race)

white race

Date of Birth

February the 5th

Place of Birth (Street and Number)

Baltimore port at 189

Full Name of Mother

Margaret Loungrind

Mother's Maiden Name

Margaret Walton

Mother's Birthplace

Baltimore

Full Name of Father

John Loungrind

Father's Occupation

labor

Father's Birthplace

unradde Co

Name of Medical Attendant, or other Person who makes this Return.

Elizabeth Hutton

Address

port at No 6

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23255

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY. Feb. 7 1898



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Feb. 5th 1898

4. Place of Birth (Street and Number) 2 Colonial St.

5. Full Name of Mother Anna Wahl

6. Mother's Maiden Name Anna Pilon

7. Mother's Birthplace Germania

8. Full Name of Father Charles Wahl

9. Father's Occupation Laborer

10. Father's Birthplace Germania

Name of Medical Attendant, or other Person who makes this return Mrs. Mary Arnold

Address 10 122 Hope St.

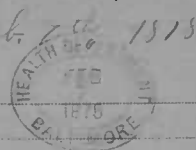
Remarks c //

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23256

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ^{1st}

1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Feb 8th 1878*
4. Place of Birth (Street and Number) *2 Schneider Bldg*
5. Full Name of Mother *Emilia Wiesner*
6. Mother's Maiden Name *Emilia Bruck*
7. Mother's Birthplace *America*
8. Full Name of Father *George Wiesner*
9. Father's Occupation *Waltman*
10. Father's Birthplace *America*

Name of Medical Attendant, or other Person who makes this return

Address

Remarks

Mrs. Mary Amund

No 137 Wolfe St

4

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23257

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *5th*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *22 February*
4. Place of Birth (Street and Number) *Harvard 300*
5. Full Name of Mother *J. Mary Hendricks*
6. Mother's Maiden Name *Mary Mielke*
7. Mother's Birthplace *Danzig Germany*
8. Full Name of Father *G. Hendricks*
9. Father's Occupation *Bookmaker*
10. Father's Birthplace *Danzig*
- Name of Medical Attendant, or other Person who makes this Return *A. Gust. Linsen*
- Address *29 Portland*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23258

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

2nd
Male

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

White

3. Date of Birth

July 8, 1898

4. Place of Birth (Street and Number)

78 1/2 Battery Avenue

5. Full Name of Mother

Gwendella C. Norvay

6. Mother's Maiden Name

Gwendella C. Crothers

7. Mother's Birthplace

Virginia

8. Full Name of Father

James J. W. Norvay

9. Father's Occupation

Carpenter

10. Father's Birthplace

Virginia

Name of Medical Attendant, or other Person who makes this Return.

Theodore Cooke M.D.

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2^d

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

February the 5th 1898

4. Place of Birth (Street and Number)

170 S. Bethel Street

5. Full Name of Mother

Margaretha Mohle

6. Mother's Maiden Name

" " Giesendoefer

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Ludwig Mohle

9. Father's Occupation

Laborer

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this return

Mrs Louise Reapt

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23260

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 5th February
4. Place of Birth (Street and Number) No 24 Monument St
5. Full Name of Mother Ellen M Davis
6. Mother's Maiden Name Coscarelli
7. Mother's Birthplace Baltimore
8. Full Name of Father Geo W Davis
9. Father's Occupation Inspector
10. Father's Birthplace Baltimore
Name of Medical Attendant, or other Person who makes this Return. Wm J Thomas
Address No 7 Forrest Place
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23261

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Feb 5 1878
4. Place of Birth (Street and Number) 424 N. Howard St.
5. Full Name of Mother Elizabeth A. Jones
6. Mother's Maiden Name Smith
7. Mother's Birthplace Baltimore
8. Full Name of Father Edmund Jones
9. Father's Occupation Printer
10. Father's Birthplace Edm. Co. Md.
- Name of Medical Attendant, or other Person who makes this return Dr. J. H. Smith
- Address 112 N. Howard St.
- Remarks Healthy - born alive - weighed 7 lbs.

First any physician, accoucheur, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23262
HEALTH DEPT
JAN 27 1878
JAN 27 1878

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Seventh, ~~to Mary~~*
1. Sex (state whether Male or Female) *a Boy*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *5th of Feb*
4. Place of Birth (Street and Number) *Baltimore Md. no 8 Centre Ave*
5. Full Name of Mother *Mary McJinnis*
6. Mother's Maiden Name *McQuillan*
7. Mother's Birthplace
8. Full Name of Father *Henry McJinnis*
9. Father's Occupation *Livery Stable*
10. Father's Birthplace *Kentucky*
- Name of Medical Attendant, or other Person who makes this return *Dr R. McQuillan*
- Address *48 Hall Ave St Balt Md*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23263

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4.*
1. Sex (state whether Male or Female) *male*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *5th February, 1878.*
4. Place of Birth (Street and Number) *Columbia St. No. 193.*
5. Full Name of Mother *Anna Margaretha Himmel*
6. Mother's Maiden Name *Grubert.*
7. Mother's Birthplace *Mainbernheim Bayern.*
8. Full Name of Father *Leonhard Himmel*
9. Father's Occupation *tinmer*
10. Father's Birthplace *Stub Bayern.*
- Name of Medical Attendant, or other Person who makes this Return. *Catman Schack No 1 Pro No 492*
- Address
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

232614

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c) *10th*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race)
3. Date of Birth *February 5th Tuesday*
4. Place of Birth (Street and Number) *No 314 Franklin st.*
5. Full Name of Mother *Adelheid Mathilda Rudolph*
6. Mother's Maiden Name *Vogel*
7. Mother's Birthplace *Cybau Kingdom Sacherney (Germany)*
8. Full Name of Father *Const Rudolph*
9. Father's Occupation *Artist*
10. Father's Birthplace *Cybau Kingdom Sacherney (Germany)*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Bomler 60 Skrothe*
- Address
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c) *7th*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *white.*
3. Date of Birth *5th of Febr.*
4. Place of Birth (Street and Number) *No. 511 West Lombard St.*
5. Full Name of Mother *Susanna Roehner*
6. Mother's Maiden Name *Steil*
7. Mother's Birthplace *Saxony*
8. Full Name of Father *John C. Roehner*
9. Father's Occupation *Shoemaker*
10. Father's Birthplace *Saxony*
Name of Medical Attendant, or other Person who makes this Return.
Address *Anna Dummer 60 Shooter*
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23266

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c) _____

1. Sex (state whether Male or Female) _____

Male

2. Race or Color (if not of the white race) _____

White

3. Date of Birth _____

5th Feb. 1898

4. Place of Birth (Street and Number) _____

14 Street

5. Full Name of Mother _____

Margaret Danit

6. Mother's Maiden Name _____

Reitz

7. Mother's Birthplace _____

Baltimore

8. Full Name of Father _____

W. H. Danit

9. Father's Occupation _____

Cabinet maker

10. Father's Birthplace _____

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mary Knox
J. E. Edwards

Address

328

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23267

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

2

1. Sex (state whether Male or Female)

male

2. Race or Color (if not of the white race)

3. Date of Birth

5 Feb. 1878

4. Place of Birth (Street and Number)

93 Lombard St.

5. Full Name of Mother

Marie Gaster

6. Mother's Maiden Name

Pfeifer

7. Mother's Birthplace

Germany

8. Full Name of Father

Phillip Glaser

9. Father's Occupation

Machinist

10. Father's Birthplace

U. States

Name of Medical Attendant, or other Person who makes this Return.

Abraham Gaster

Address

52 E. Lombard.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23268

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c) 2
1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) _____
3. Date of Birth 5 Feb. 1878
4. Place of Birth (Street and Number) 5 Hawk
5. Full Name of Mother Jeanette White
6. Mother's Maiden Name Gimney
7. Mother's Birthplace U. States
8. Full Name of Father John White
9. Father's Occupation carver
10. Father's Birthplace Ireland
- Name of Medical Attendant, or other Person who makes this Return. Sarah Casper
- Address 52 E. Lombard.
- Remarks _____

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

23269



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Fourth

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Feb. 5th 78

4. Place of Birth (Street and Number)

18 Port Ave

5. Full Name of Mother

Harriet Bradburn

6. Mother's Maiden Name

do Wood

7. Mother's Birthplace

Baltimore City

8. Full Name of Father

William Edw. Bradburn

9. Father's Occupation

dealer

10. Father's Birthplace

Manchester Co. N.H.

Name of Medical Attendant, or other Person who makes this Return.

Wm. Smith M.D.

Address

108 S. Spring St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23270

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

white

3. Date of Birth

born on the 5 of Feb. 1898

4. Place of Birth (Street and Number)

202 West Pratt St.

5. Full Name of Mother

Maggie A. Chricht

6. Mother's Maiden Name

M. A. Blankens

7. Mother's Birthplace

born in Germany

8. Full Name of Father

Charles H. Cooper

9. Father's Occupation

Cooper

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Miss Miller

Address

57 Mulwood St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

23271

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *seventh*

1. Sex (~~state whether Male or Female~~)

2. ~~Race or Color (if not of the white race)~~

3. Date of Birth *February 5 1878*

4. Place of Birth (Street and Number) *N. Broadway 64.*

5. Full Name of Mother *Maria Richter*

6. Mother's Maiden Name *Maria Pick*

7. Mother's Birthplace *Dresden Germany*

8. Full Name of Father *Joseph Richter*

9. Father's Occupation *Dried store keeper*

10. Father's Birthplace *Cassel Germany*

Name of Medical Attendant, or other Person who makes this Return.

Address *N. Eder St. 16.*

Remarks

C. H. Pick

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23272

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth February 5th 1898.
4. Place of Birth (Street and Number) No 120 Sterling st.
5. Full Name of Mother Luse Hartman
6. Mother's Maiden Name Luse Denhart
7. Mother's Birthplace Baltimore
8. Full Name of Father John Hartman
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Genl. H. H. H. H. H.
- Address No 182. W Monument
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23273

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Third (3)

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

February 6th 1878

4. Place of Birth (Street and Number)

101 N. 3. Street, St.

5. Full Name of Mother

Maggie Stewart

6. Mother's Maiden Name

Shippard

7. Mother's Birthplace

Baltimore City

8. Full Name of Father

Isaac Stewart

9. Father's Occupation

Artist

10. Father's Birthplace

Annapolis Md.

Name of Medical Attendant, or other Person who makes this Return.

George S. S. S.

Address

101 N. 3. Street

Remarks

Dr.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23274

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *Jan 61*
4. Place of Birth (Street and Number) *Canton Avenue between C. & D.*
5. Full Name of Mother *Charlotte Fildthusen*
6. Mother's Maiden Name *Elisabeth Heckenburg*
7. Mother's Birthplace *St. Magarethen, Germany*
8. Full Name of Father *Henry Fildthusen*
9. Father's Occupation *Latener*
10. Father's Birthplace *Cuxhaven, Hamburg, Germany*
- Name of Medical Attendant, or other Person who makes this return *Louis Wiley*
- Address *212 Patterson Park St.*
- Remarks

RETURN OF A BIRTH.

23275

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



Name of Mother (state whether 1st, 2d, 3d, &c.)

Sex (whether Male or Female)

Color (if not of the white race)

Birth

Birth (Street and Number)

Name of Mother

Maiden Name

Birthplace

Name of Father

Occupation

Birthplace

Medical Attendant, or other Person who makes this Return.

one
female
white race
February the 6th
Baltimore at Barr st No 34
Henrietta Gable
Henrietta Wickis
Camberg Md
John Gable
Boiler Maker
Baltimore
Elizabeth Matheson
Birth at No 6

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

23276

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Primipara

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Sept 6th 1878

4. Place of Birth (Street and Number)

16. Lexington Avenue

5. Full Name of Mother

Barbara Eggemeier

6. Mother's Maiden Name

Barbara McCann

7. Mother's Birthplace

Ireland

8. Full Name of Father

Philip Eggemeier

9. Father's Occupation

Porter

10. Father's Birthplace

Baltimore Maryland

Name of Medical Attendant, or other Person who makes this Return.

A. H. Satterlee

Address

543 Lexington St.

Remarks

Instrumental delivery

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

23277

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *6th*
1. Sex (~~state whether Male or Female~~) *white*
2. Race or Color (if not of the white race) *Libby*
3. Date of Birth *45*
4. Place of Birth (Street and Number) *Greenmount Ave*
5. Full Name of Mother *Mary Jane Sherer*
6. Mother's Maiden Name *" " Gardner*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Wm Sherer*
9. Father's Occupation *Carpenter*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Wm Whitridge*
- Address
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23278

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Child one*
 1. Sex (state whether Male or Female) *male*
 2. Race or Color (if not of the white race) *Race called*
 3. Date of Birth *Feb the 6th 1878*
 4. Place of Birth (Street and Number) *Birth Pl. near Hammer Street*
 5. Full Name of Mother *Elizabeth J. Blunt*
 6. Mother's Maiden Name *Elizabeth Salter*
 7. Mother's Birthplace *Chertsey Kent*
 8. Full Name of Father *Daniel J. Blunt*
 9. Father's Occupation *Barber*
 10. Father's Birthplace *Richmond Va.*
 Name of Medical Attendant, or other Person who makes this Return. *Mr. Mammaret Spirts*
 Address *Reck Alley. Between Hammer and Broadway*
 Remarks *no*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23279

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c) *Fifth*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Oct. 6/78.*
4. Place of Birth (Street and Number) *34 North Fremont St.*
5. Full Name of Mother *Emma Neusthof*
6. Mother's Maiden Name *Binder*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *John E. Neusthof*
9. Father's Occupation *Salesman*
10. Father's Birthplace *Lingen, Germany*
- Name of Medical Attendant, or other Person who makes this Return.
- Address *Anna Dunlap 66 Shroter*
- Remarks

RETURN OF A BIRTH.

23280

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Child of Mother (state whether 1st, 2d, 3d, &c.) 5th
 State whether Male or Female Female
 Color (if not of the white race) Colored
 Date of Birth 6th of February
 Place of Birth (Street and Number) Yine street N^o 206
 Name of Mother Sarah Makers
 Maiden Name " Smothers
 Place of Birth Talbot County, Md
 Name of Father Richard Makers
 Occupation Brick Maker
 Place of Birth Talbot County, Md
 Medical Attendant, or other Person who makes this Return. Milly. Blake

1354. Carroll. st

The Child is getting along very well

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

February 6th 1898

4. Place of Birth (Street and Number)

240 Mulberry St.

5. Full Name of Mother

Mary Anna Gebauer
Gallagher

6. Mother's Maiden Name

7. Mother's Birthplace

Balto. City

8. Full Name of Father

William Frederick Gebauer

9. Father's Occupation

Clerk

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Louis W. Knight M.D.

Address

112 N. Greene St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fifth*
1. Sex (state whether Male or Female). *Male*
2. Race or Color (if not of the white race)
3. Date of Birth *February 6th 1878*
4. Place of Birth (Street and Number) *No 123 Pennsylvania Ave*
5. Full Name of Mother *Cecelia C. Wood*
6. Mother's Maiden Name *Cecelia C. Nally*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Adam L. Wood*
9. Father's Occupation *Butter Buckster*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this return *Mrs Jane Winneberger*
- Address *No 23 W. Liberty st.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23283

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c) 5

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

3. Date of Birth

6 Feb. 1878

4. Place of Birth (Street and Number)

16 Lombard

5. Full Name of Mother

Marcella Diefel

6. Mother's Maiden Name

" Kippel

7. Mother's Birthplace

Germany

8. Full Name of Father

Samuel Diefel

9. Father's Occupation

Carpenter

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Sarah Carter

Address

52 E. Lombard.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

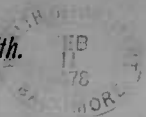
- 23284
- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *May 6 - 1898*
4. Place of Birth (Street and Number) *107 Russell St.*
5. Full Name of Mother *Mary Ann Suplee*
6. Mother's Maiden Name *" "*
7. Mother's Birthplace *Baltimore, Md.*
8. Full Name of Father *Alley E. Suplee*
9. Father's Occupation *Lawyer*
10. Father's Birthplace *Baltimore, Md.*
- Name of Medical Attendant, or other Person who makes this Return. *W. H. Greenlee*
- Address. *87 Mulberry St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23285

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth July 6 - 1878
4. Place of Birth (Street and Number) 133 Saratoga St
5. Full Name of Mother Mariana West
6. Mother's Maiden Name Spencer
7. Mother's Birthplace Wilmington DE
8. Full Name of Father Henry W. West
9. Father's Occupation Book
10. Father's Birthplace Moulton, C. Ind
- Name of Medical Attendant, or other Person who makes this Return. Dr. R. W. Allen
- Address 87 W. Cherry St
- Remarks

That any physician, accouchleur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23286

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Birth

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Feb 6th 1878

4. Place of Birth (Street and Number)

No 66, St. Caroline St

5. Full Name of Mother

Mary Stewart

6. Mother's Maiden Name

Mary Martin

7. Mother's Birthplace

Howard Co. Md.

8. Full Name of Father

Andrew Stewart

9. Father's Occupation

Police Officer

10. Father's Birthplace

Balt. Md.

Name of Medical Attendant, or other Person who makes this Return.

John Conner

Address

286 E. Balt St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. He or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

23287



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st child*

1. Sex (state whether Male or Female) *female*

2. Race or Color (if not of the white race) *white*

3. Date of Birth *February 6 1878*

4. Place of Birth (Street and Number) *409 alican na st*

5. Full Name of Mother *cathy riedel*

6. Mother's Maiden Name *cathy whitesmiller*

7. Mother's Birthplace *germany*

8. Full Name of Father *matthias riedel*

9. Father's Occupation *laborer*

10. Father's Birthplace *germany*

Name of Medical Attendant, or other Person who makes this return *Rachel m n garrett*

Address *433 alican na st*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

CITIZEN NAME ADDED 2-3-54

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name: Katherine Evelyn Fleusler

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) 4th Child

1. Sex (state whether ~~Male~~ Female)
2. Race or Color (if not of the white race) White
3. Date of Birth February the 6. 1887
4. Place of Birth (Street and Number) Orlean St. No 291
5. Full Name of Mother Mary Fleusler
6. Mother's Maiden Name Mary Herman
7. Mother's Birthplace Baltimore City
8. Full Name of Father Samuel Fleusler
9. Father's Occupation Police
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this return

Address N. Dallas St. No 26.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23289

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) _____
3. Date of Birth Feb 6th 1878
4. Place of Birth (Street and Number) No 73 Hanover st.
5. Full Name of Mother Caroline Howard
6. Mother's Maiden Name Shafe
7. Mother's Birthplace Germantown
8. Full Name of Father John Howard
9. Father's Occupation Tinner
10. Father's Birthplace America
Name of Medical Attendant, or other Person who makes this return J. Schyasser midwife
Address 213 Cross st.
Remarks _____

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First child*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *6 of February*
4. Place of Birth (Street and Number) *Lafayette St. No. 148*
5. Full Name of Mother *Brigid Morrison*
6. Mother's Maiden Name *Brigid Ryan*
7. Mother's Birthplace *Ireland*
8. Full Name of Father *Patrick Morrison*
9. Father's Occupation *Engineer*
10. Father's Birthplace *Ireland*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Prescher*
- Address *West St. No. 128*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *10. d.*
1. Sex (state whether Male or Female) *Male.*
2. Race or Color (if not of the white race)
3. Date of Birth *February 6th 1878.*
4. Place of Birth (Street and Number) *Johnson Street. No 91.*
5. Full Name of Mother *Lisa Mehlhenrich.*
6. Mother's Maiden Name *Lisa Franz.*
7. Mother's Birthplace *Germany.*
8. Full Name of Father *Christ Mehlhenrich*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Germany*
Name of Medical Attendant, or other Person who makes this return *Parthea Bruene*
Address *117 Battery St.*
Remarks

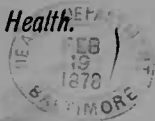
That any physician, accouch-eur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23292

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Birth*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *6 February*
4. Place of Birth (Street and Number) *22 Barnes St*
5. Full Name of Mother *Maria Kleckar*
6. Mother's Maiden Name *Kianicka*
7. Mother's Birthplace *Russian*
8. Full Name of Father *Joe Kleckar*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Poland*
- Name of Medical Attendant, or other Person who makes this Return. *J. Kenned*
- Address *20 Barnes St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23293

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*
1. Sex (state whether Male or Female) *Female.*
2. Race or Color (if not of the white race)
3. Date of Birth *6th of February*
4. Place of Birth (Street and Number) *287 Howard St.*
5. Full Name of Mother *Minnie Miller*
6. Mother's Maiden Name *Slater.*
7. Mother's Birthplace *Germany.*
8. Full Name of Father *Charles Miller.*
9. Father's Occupation *Carpenter*
10. Father's Birthplace *Germany*
Name of Medical Attendant, or other Person who makes this Return. *Charlotte Crosby.*
Address *369 Cathedral St.*
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar thereof, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23294

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second
Male
White

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

Feb 6 1878

3. Date of Birth

4. Place of Birth (Street and Number)

27 Hamburg St

5. Full Name of Mother

Sallie Pearman
Sallie Collison

6. Mother's Maiden Name

7. Mother's Birthplace

MD

8. Full Name of Father

Joy Pearman
Laborer

9. Father's Occupation

10. Father's Birthplace

MD

Name of Medical Attendant, or other Person who makes this Return.

H. B. Noble MD

Address

17 Hamer St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth February 1st 1878

4. Place of Birth (Street and Number) No 121 Scott St

5. Full Name of Mother Ginnie Layton

6. Mother's Maiden Name Ginnie Kelly

7. Mother's Birthplace Baltimore

8. Full Name of Father John Layton

9. Father's Occupation Laborer

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Eatherine Horner

Address No 116 West St

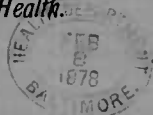
Remarks

any physician, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23296

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth Feb 7th 1878

4. Place of Birth (Street and Number) No 112 Granby St

5. Full Name of Mother Anna Lynas

6. Mother's Maiden Name Anna Brooks

7. Mother's Birthplace Baltore Md

8. Full Name of Father William Lynas

9. Father's Occupation Gager and Salesman

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return.

Address Dr Ridgway Andrews & Co
No 121 & Balto St

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (~~state whether 1st, 2nd, 3rd, &c.~~)

1. Sex (~~state whether Male or Female~~)
2. Race or Color (~~if not of the white race~~)
3. Date of Birth
4. Place of Birth (Street and Number)
5. Full Name of Mother
6. Mother's Maiden Name
7. Mother's Birthplace
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Feb 7 1878
112 Little Green St
Mary Elizabeth Hasbender
Mary Elizabeth Poulton.
Howard County Md
Marion J. Hasbender.
Jeweler
Baltimore City
Harriet Poulton.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

23298
TH
12
1878
PRE

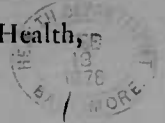
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Child*
1. Sex (state whether Male or Female) *male*
2. Race or Color (if not of the white race) *light copper color*
3. Date of Birth *Feb 7th 1878*
4. Place of Birth (Street and Number) *No 87 Nor Durban st*
5. Full Name of Mother *Lydia Brooklin*
6. Mother's Maiden Name *Lydia Brooklin*
7. Mother's Birthplace *Baltimore Md*
8. Full Name of Father *Elger Hall*
9. Father's Occupation *Wailer*
10. Father's Birthplace *Virginier M.D*
- Name of Medical Attendant, or other Person who makes this Return. *Susan morgor*
- Address *No 47 Nor Durban st*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23299

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3^d
 1. Sex (state whether Male or Female) Female
 2. Race or Color (if not of the white race) White
 3. Date of Birth February 7th 1878
 4. Place of Birth (Street and Number) No. 26 Leadenhall Street
 5. Full Name of Mother Emma Winter
 6. Mother's Maiden Name " " Eitel
 7. Mother's Birthplace Baltimore
 8. Full Name of Father John Winter
 9. Father's Occupation Laborer
 10. Father's Birthplace Baltimore
 Name of Medical Attendant, or other Person who makes this return Catharina Munch
 Address 74 Leadenhall St
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Feb. 7th 1878*

4. Place of Birth (Street and Number) *Baltimore Rath St. N^o 528*

5. Full Name of Mother *Ellen Martin*

6. Mother's Maiden Name *Keely*

7. Mother's Birthplace *Ireland*

8. Full Name of Father *Michael Martin*

9. Father's Occupation *Laborer*

10. Father's Birthplace *Ireland*

Name of Medical Attendant, or other Person who makes this return *Mrs. C. Mitchell*

Address *N^o 122 Parkin St*

Remarks

That my physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of my child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) _____
3. Date of Birth 7 Feb 1875
4. Place of Birth (Street and Number) 4 corner Marsh Market & Lombard
5. Full Name of Mother Cath Keepe
6. Mother's Maiden Name Fisher
7. Mother's Birthplace Ireland
8. Full Name of Father Daniel Keepe
9. Father's Occupation Laborer
10. Father's Birthplace Ireland
- Name of Medical Attendant, or other Person who makes this Return Gertrude Miller
- Address 151 E. Pratt St.
- Remarks _____

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22302

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

July 7th 1878

4. Place of Birth (Street and Number)

97 William St.

5. Full Name of Mother

Mary White
Lawrence

6. Mother's Maiden Name

7. Mother's Birthplace

Maryland

8. Full Name of Father

George H. White

9. Father's Occupation

Mariner

10. Father's Birthplace

Maryland

Name of Medical Attendant, or other Person who makes this Return.

R. C. Lee

Address

Hanan & Barr Sts.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23303

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth 7 Feb.

4. Place of Birth (Street and Number) 163 Stirling St

5. Full Name of Mother Maria Shelly

6. Mother's Maiden Name Bodkin

7. Mother's Birthplace Ireland

8. Full Name of Father Martin Shelly

9. Father's Occupation Labourer

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Wm L. J. Johnson

Address No 7 Forrest Place

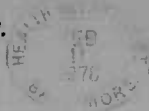
Remarks

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23304

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Third

Male

White

Feb. 7th 1878

96 Harford Ave.

Bridget Burk

Bridget M. Guggen

Ireland

John Burk

Laborer

Ireland

Silas N. Hunter M.D.

97 Greenmount Ave.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, activity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23205

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feb. 7 th 1878
4. Place of Birth (Street and Number)	4 Little Enoch St.
5. Full Name of Mother	Annie O'Brien
6. Mother's Maiden Name	Annie O'Brien
7. Mother's Birthplace	Balto. Md.
8. Full Name of Father	Unknown
9. Father's Occupation	
10. Father's Birthplace	
Name of Medical Attendant, or other Person who makes this Return.	Dr. W. Hunter M.D.
Address	97 Greenmount Ave.
Remarks	

Let any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

93306

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 d.
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth Feb. 7 d. 1878
4. Place of Birth (Street and Number) 222 Orleans St.
5. Full Name of Mother L. Barbra Schöble
6. Mother's Maiden Name L. B. Kenna
7. Mother's Birthplace Germany
8. Full Name of Father Christian Schöple
9. Father's Occupation Polsterer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this return Mr. R. Rudiger
- Address 134 S. Bond St.
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23307

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3^d

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

3. Date of Birth

July 7

4. Place of Birth (Street and Number)

212 N. Carey St

5. Full Name of Mother

Cora Dady

6. Mother's Maiden Name

Cora Culbutson

7. Mother's Birthplace

Williamsport Md

8. Full Name of Father

B. J. Dady

9. Father's Occupation

Merchant

10. Father's Birthplace

Bulr.

Name of Medical Attendant, or other Person who makes this Return.

J. H. Wilson

Address

254 Madison Ave.

Remarks

Breech presentation - Instruments - Still birth

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

23308



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) _____

3. Date of Birth Feb'y 7

4. Place of Birth (Street and Number) 76 St Schroder

5. Full Name of Mother Mary Fair

6. Mother's Maiden Name Calbuston

7. Mother's Birthplace Indiana

8. Full Name of Father Fred^l Fair

9. Father's Occupation Painter

10. Father's Birthplace Balt^o Co.

Name of Medical Attendant, or other Person who makes this Return. L. M. M. M. M.

Address 251 Mid. Ave.

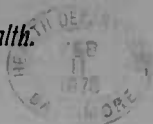
Remarks _____

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23309

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Thursday Morning Feb 7th 1878*
4. Place of Birth (Street and Number) *# 184 N. Carroll St.*
5. Full Name of Mother *Alice L. Benson*
6. Mother's Maiden Name *Alice L. Luckey*
7. Mother's Birthplace *Baltimore City*
8. Full Name of Father *Arthur L. Benson*
9. Father's Occupation *Baltimore Carpenter*
10. Father's Birthplace *Baltimore*
Name of Medical Attendant, or other Person who makes this Return *William Brewster, M.D.*
Address *25 1/2 Greenmount Ave.*
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23310

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Seventh*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *February 7th 1878*
4. Place of Birth (Street and Number) *No. 100 North Broadway*
5. Full Name of Mother *Mrs. Sarah Jane Little*
6. Mother's Maiden Name *Miss S. J. McCabow*
7. Mother's Birthplace *Harford County, Md.*
8. Full Name of Father *Mr. Thomas Little*
9. Father's Occupation *Cotton Inspector*
10. Father's Birthplace *Baltimore, Md.*
- Name of Medical Attendant, or other Person who makes this Return. *William H. Glen*
- Address *No. 102 North Broadway*
- Remarks

When any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return

Address

Remarks


Male
White
Feb. 7. 1878
#21 N. Chapel St.
Franziska Schmidt
" Ritter
Bathen
Michael Ritter
Tailor
Rastritz Bavaria
M. Lederer
25 S. Durham St.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No 263.

RETURN OF A BIRTH.

23312

To the Office of Registrar of Vital Statistics, Board of Health, 

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 76
 1. Sex (state whether Male or Female) Male
 2. Race or Color (if not of the white race) white
 3. Date of Birth Febr. 8. 1878
 4. Place of Birth (Street and Number) Rich near Island Hampster Not Number
 5. Full Name of Mother Mary Taylor
 6. Mother's Maiden Name Mary
 7. Mother's Birthplace Sulzfeld, Prussia
 8. Full Name of Father Nicholas Taylor
 9. Father's Occupation Putcher
 10. Father's Birthplace Uerbothausen Prussia
 Name of Medical Attendant, or other Person who makes this return Mrs. J. Brumppach
 Address 2 Wolfstr No 28
 Remarks Unwed

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

23313



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 12 Jan 1878

4. Place of Birth (Street and Number) 116 97 Mount Street

5. Full Name of Mother May Robinson

6. Mother's Maiden Name May Green

7. Mother's Birthplace Baltimore City

8. Full Name of Father John Robinson

9. Father's Occupation Driver

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Marjorie Jones

Address 116 97 Mount Street

Remarks Healthy child

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23314

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)

Third

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

January 8th. 1878

4. Place of Birth (Street and Number)

No 257. Dallis Street

5. Full Name of Mother

Margaret Ditz

6. Mother's Maiden Name

Margaret Miller

7. Mother's Birthplace

Baltimore Md.

8. Full Name of Father

Charles Ditz

9. Father's Occupation

Shoemaker

10. Father's Birthplace

Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

Mrs. M. A. Butt

Address

185 N. Central av. Cor. Monmouth St.

Remarks

All well

That any physician, acroncheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *Colored*

3. Date of Birth *February 8th 1878*

4. Place of Birth (Street and Number) *N. 2^d St. St. Louis St*

5. Full Name of Mother *Sarah Jones Jones*

6. Mother's Maiden Name *Sarah Jones Bonard*

7. Mother's Birthplace *Queen's County, N.Y.*

8. Full Name of Father *Daniel James Jones*

9. Father's Occupation *Labo.*

10. Father's Birthplace *N. 2^d St. Baltimore, Md.*

Name of Medical Attendant, or other Person who makes this return *Charlattie Telford*

Address *24 E. 1st St.*

Remarks *non*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

23316
Feb 2 1870
68
25
1878
BAL. MORE.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *No* *Wardner* *Count*
1. Sex (state whether Male or Female) *Boy* *Child*
2. Race or Color (if not of the white race) *Race* *Colored*
3. Date of Birth *Feb 8*
4. Place of Birth (Street and Number) *Peach ally* *No 2*
5. Full Name of Mother *"*
6. Mother's Maiden Name *Ann* *Fisher*
7. Mother's Birthplace *Essex Co* *Virginia*
8. Full Name of Father *William* *Fisher*
9. Father's Occupation *Ironman*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Marget Sprigg*
- Address *No 2 Peach ally*
- Remarks *Nothing in it*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23317

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Feb 8th 1898.

4. Place of Birth (Street and Number)

#115 Duncan Alley

5. Full Name of Mother

M. H. G. Rizius

6. Mother's Maiden Name

Mary H. Gallaway

7. Mother's Birthplace

Balto

8. Full Name of Father

Charles Rizius

9. Father's Occupation

Tinner

10. Father's Birthplace

Balto

Name of Medical Attendant, or other Person who makes this return

Mrs Mary E. Simms

Address

203 Washington St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23318

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
1. Sex (state whether Male or Female) Female.
2. Race or Color (if not of the white race) White.
3. Date of Birth Feb 8th 1878.
4. Place of Birth (Street and Number) No 146 South Bond St.
5. Full Name of Mother Elisabeth Richardt.
6. Mother's Maiden Name Elisabeth Wittig.
7. Mother's Birthplace Germany.
8. Full Name of Father W. Richardt.
9. Father's Occupation Lg. borer.
10. Father's Birthplace Germany.

Name of Medical Attendant, or other Person who makes this return

Mrs. M. Amend.

Address No 137. S. Wolfe St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



23319

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Feb 8th 1878.
132 E. Bay St.
Emma J. Sefton
Emma J. Sefton
Baltimore City.
Samuel B. Sefton Jr.
Store Manufacturer
Baltimore City.
Wm. L. Sefton, M.D.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



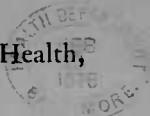
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *one child one mother*
1. Sex (state whether Male or Female) *male*
2. Race or Color (if not of the white race) *Colored race*
3. Date of Birth *Feb 11. 3. 1878*
4. Place of Birth (Street and Number) *Durham St 301*
5. Full Name of Mother *Elisebeth Boase*
6. Mother's Maiden Name *Elisebeth Carffer*
7. Mother's Birthplace *Baltimore Md*
8. Full Name of Father *George Boase*
9. Father's Occupation *Cydlers & huckles*
10. Father's Birthplace *anamed*
- Name of Medical Attendant, or other Person who makes this Return. *Lutinda Woolford*
- Address *Regester St 130 Baltimore Md*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23321

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



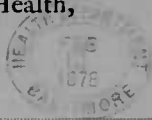
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *10*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *February 8th 1878*
4. Place of Birth (Street and Number) *362 Sharp St*
5. Full Name of Mother *Maria Kraft*
6. Mother's Maiden Name *" " Imenig*
7. Mother's Birthplace *Germany*
8. Full Name of Father *George Kraft*
9. Father's Occupation *Store Keeper*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this return *Catharina Muehl*
- Address *74 Leadenhall St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23922

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d.
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth February 8 1898
4. Place of Birth (Street and Number) 195 - Front Street
5. Full Name of Mother A. Margaret Tell
6. Mother's Maiden Name A. M. Ruth
7. Mother's Birthplace Germany
8. Full Name of Father Johannis Tell
9. Father's Occupation Iron Letter
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this return Maria S. Rudiger
- Address 134 - Bond Street
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2. *children*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *8 of February*
4. Place of Birth (Street and Number) *West St. No 174*
5. Full Name of Mother *Annie Lynam*
6. Mother's Maiden Name *Annie Lister*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Samuel Lynam*
9. Father's Occupation *Painter*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Misses Friedman*
- Address *West St. No 128*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2,3324

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3. Child*
 1. Sex (state whether Male or Female) *Male*
 2. Race or Color (if not of the white race) *White*
 3. Date of Birth *7th of February 1878*
 4. Place of Birth (Street and Number) *267 Bank Street*
 5. Full Name of Mother *Louira Higby*
 6. Mother's Maiden Name *Louira Fowler*
 7. Mother's Birthplace *Baltimore*
 8. Full Name of Father *John Fowler*
 9. Father's Occupation *Dryster & Masur*
 10. Father's Birthplace *Baltimore*
 Name of Medical Attendant, or other Person who makes this return *Louisa Wiley*
 Address *112 Patton Park, arnew.*
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Sixth
 1. Sex (state whether Male or Female) Female
 2. Race or Color (if not of the white race) White
 3. Date of Birth 8 of February 1878
 4. Place of Birth (Street and Number) No 1 Williamson
 5. Full Name of Mother Sarah E. Chew Kirk
 6. Mother's Maiden Name Sarah E. Wynn
 7. Mother's Birthplace Baltimore, C. M. D.
 8. Full Name of Father James New Kirk
 9. Father's Occupation Laborer
 10. Father's Birthplace Delaware City, Delaware
 Name of Medical Attendant, or other Person who makes this Return. Mary B. Caskey
 Address 134 Harrison Baltimore, C. M. D.
 Remarks Child is well at present.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

female
Colored

February 8th

Plum Alley No. 90

Silvy Heath

Williams

Mackling bridge. Co. Md

Thomas Heath

Labour

Quessmann Co. Md

Caroline Fisher. Midwife

No. 9 houses Court

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

25327
HEALTH
JUN 18 1896

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *third*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Feb. 9th*
4. Place of Birth (Street and Number) *13 Walpi St.*
5. Full Name of Mother *Margaret Fisher*
6. Mother's Maiden Name *Wack*
7. Mother's Birthplace *Biere*
8. Full Name of Father *John Fisher*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Biere*

Name of Medical Attendant, or other Person who makes this return

Address

Remarks

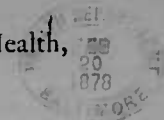
Mrs. Kar. Pulling
48. Halland ter
Balt Md.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

23328



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this return

Address

Remarks

2nd
Male
Feb 07 1898
24 Central Ave St
Louisa Perfect
" Black
Baltimore Md
Frederick Perfect
Teacher
Baltimore Md
Annie Heinrich
246 Central St

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23329

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

fifth Male

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

Feb. 9th 78

3. Date of Birth

4. Place of Birth (Street and Number)

25 Butler St.

5. Full Name of Mother

Luisa Kaffenberger
Becker

6. Mother's Maiden Name

7. Mother's Birthplace

Germany

8. Full Name of Father

John Kaffenberger

9. Father's Occupation

Engineer

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Wm. M. Strong, M.D.

Address

No. 32. Lombard St. Balt.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23330

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c) *3 child*
1. Sex (state whether Male or Female) *male*
2. Race or Color (if not of the white race) *color*
3. Date of Birth *9 Winter Street*
4. Place of Birth (Street and Number) *Febury St*
5. Full Name of Mother *William Harmon*
6. Mother's Maiden Name *Wm Dare*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Wm Harmon*
9. Father's Occupation *labor*
10. Father's Birthplace *Wm Shore*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Ann Johnson*
- Address
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23.331

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

February 11th 1878

4. Place of Birth (Street and Number)

113 Henrietta Street

5. Full Name of Mother

Augusta Schwartz

6. Mother's Maiden Name

Augusta Wormuth

7. Mother's Birthplace

Baltimore

8. Full Name of Father

August Schwartz

9. Father's Occupation

Shoemaker

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who

Address

Remarks

Catharina Munch

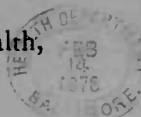
74 Leadenhall St

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23331

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth February 9
4. Place of Birth (Street and Number) 84 26 Street
5. Full Name of Mother Anna Gunt
6. Mother's Maiden Name Anna Halbert
7. Mother's Birthplace Prussia, Germany
8. Full Name of Father William Gunt
9. Father's Occupation Porter
10. Father's Birthplace Prussia, Germany
- Name of Medical Attendant, or other Person who makes this return Emily Gross
- Address York St 181
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23333

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5-th

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

February 9th 1878

4. Place of Birth (Street and Number)

184 Hanover St.

5. Full Name of Mother

Mary S. Phippen
Hall

6. Mother's Maiden Name

7. Mother's Birthplace

Virginia

8. Full Name of Father

Ed. A. Phippen

9. Father's Occupation

Tailor

10. Father's Birthplace

Virginia

Name of Medical Attendant, or other Person who makes this Return.

R. C. Lee

Address

Hanover Barr. St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23334

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth 9th Feb 1878

4. Place of Birth (Street and Number) 97 E. Pratt St. Canton

5. Full Name of Mother Maria Davis

6. Mother's Maiden Name Maria Henry

7. Mother's Birthplace Balt. City

8. Full Name of Father John Davis

9. Father's Occupation Copper Refiner

10. Father's Birthplace Balt. City

Name of Medical Attendant, or other Person who makes this return Mrs Sarah Sullivan

Address 104 Hurley St. Canton

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23335

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *fifth child*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *fifth February, 1898.*
4. Place of Birth (Street and Number) *257 Preston St.*
5. Full Name of Mother *Eliza Jacobs.*
6. Mother's Maiden Name *Eliza Daisey.*
7. Mother's Birthplace *Barvaria, Germany.*
8. Full Name of Father *John George Jacobs.*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Barvaria, Germany.*
- Name of Medical Attendant, or other Person who makes this return *A. C. Fox, M.D.*
- Address *154 Penn Avenue*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether Male or Female) _____

2. Race or Color (if not of the white race) _____

3. Date of Birth _____

4. Place of Birth (Street and Number) _____

5. Full Name of Mother _____

6. Mother's Maiden Name _____

7. Mother's Birthplace _____

8. Full Name of Father _____

9. Father's Occupation _____

10. Father's Birthplace _____

Name of Medical Attendant, or other Person who makes this Return.

Address _____

Remarks _____

July 9th 1888
285 Leggett St.
Olivia Snow
Olivia Culbreth.
Portsmouth, Va.
Thomas F. Snow.
Shoesman
Portsmouth, Va.
John L. H. Hagedorn



Report to the Registrar aforesaid, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c) *8th*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *February Saturday, 9th*
4. Place of Birth (Street and Number) *Durham St. No 50 Baltimore, Md*
5. Full Name of Mother *Mary A Stuart*
6. Mother's Maiden Name *Hill*
7. Mother's Birthplace *Baltimore Md*
8. Full Name of Father *Amos Stuart*
9. Father's Occupation *Gardener*
10. Father's Birthplace *East Baltimore County*
Name of Medical Attendant, or other Person who makes this Return. *City Lockman*
Address *No 521 E. Mceldroy St*
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23338



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*

1. Sex (state whether ~~Male~~ or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *February 9. 1887*
4. Place of Birth (Street and Number) *S. Carolina St. No. 182.*
5. Full Name of Mother *Mary Rigby*
6. Mother's Maiden Name *Mary Blessing*
7. Mother's Birthplace *Baltimore City*
8. Full Name of Father *John. Rigby*
9. Father's Occupation *Labour*
10. Father's Birthplace *Baltimore City*

Name of Medical Attendant, or other Person who makes this return *Mary E. Muller*

Address *N. Dancer St. No. 216,*

Remarks *dead born*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, as well as their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23339

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2. 6 child.*
1. Sex (state whether Male or Female) *Male.*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *9th Feb. 1897*
4. Place of Birth (Street and Number) *Cannon Diller 3rd new*
5. Full Name of Mother *Frances. Brandel.*
6. Mother's Maiden Name *Frances. Decker*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *William Brandel.*
9. Father's Occupation *Milk - Business*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this return *Louisa. Wiley*
- Address *112 Patson. Park. arnew.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23340

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

Male healthy

2. Race or Color (if not of the white race)

white

3. Date of Birth on the 9th of Feb. 1898

4. Place of Birth (Street and Number)

7 Forrest St

5. Full Name of Mother

Maggie Burr

6. Mother's Maiden Name

McMayer

7. Mother's Birthplace

German

8. Full Name of Father

John Burr

9. Father's Occupation

carpenter

10. Father's Birthplace

German

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Miller

Address 57 Smallwood St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23341

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female).

Female

2. Race or Color (if not of the white race)

white

3. Date of Birth

born on the 9th of Feb. 1893

4. Place of Birth (Street and Number)

890 West Pratt St.

5. Full Name of Mother

A. Bensler

6. Mother's Maiden Name

K. Heinkeiser

7. Mother's Birthplace

Hanover Germany

8. Full Name of Father

Henry Bensler

9. Father's Occupation

Gun Dealer

10. Father's Birthplace

Hanover Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Miller

Address

57 Smallwood St.

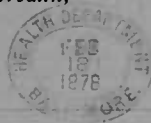
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

23342

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

4th

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Feb 9th 1878

4. Place of Birth (Street and Number)

No 180 Harford Ave

5. Full Name of Mother

Eliza Goddinott

6. Mother's Maiden Name

Eliza Burton

7. Mother's Birthplace

Balt Co Md.

8. Full Name of Father

J Wesley Goddinott

9. Father's Occupation

Blacksmith

10. Father's Birthplace

Balt Co Md

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Wm Whitridge M.D.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23343

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st-
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Feb. 4 9th 1878.
4. Place of Birth (Street and Number) No. West Biddle
5. Full Name of Mother Bertha Whitridge
6. Mother's Maiden Name Bertha Whitridge
7. Mother's Birthplace New Bedford. Mass.
8. Full Name of Father A. Mameen Smith
9. Father's Occupation Merchant
10. Father's Birthplace Norfolk Virginia

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Wm. Whitridge M.D.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23344

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (write whether 1st, 2d, 3d, &c.) *fifth*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *9. February*
4. Place of Birth (Street and Number) *10. Paint Lane*
5. Full Name of Mother *Maria Barock*
6. Mother's Maiden Name *" " Kaye*
7. Mother's Birthplace *Slavik R*
8. Full Name of Father *Julen Barock*
9. Father's Occupation *Tailor*
10. Father's Birthplace *Schraffen*
- Name of Medical Attendant, or other Person who makes this Return. *J. Conrad*
- Address *20 Barnes St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23345

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *February 9th 1878*
4. Place of Birth (Street and Number) *Cor. N. & W. 46*
5. Full Name of Mother *Mrs. Emma*
6. Mother's Maiden Name *Chandler*
7. Mother's Birthplace *Newark N. Jersey*
8. Full Name of Father *C. F. F. F.*
9. Father's Occupation *Physician*
10. Father's Birthplace *Baltimore*
Name of Medical Attendant, or other Person who makes this Return. *A. P. Yeates M.D.*
Address *132 N. Federal*
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 9 of February, 1878
4. Place of Birth (Street and Number) 546 South Charles.
5. Full Name of Mother Rose. E. Welch
6. Mother's Maiden Name Rose. E. Patoun
7. Mother's Birthplace Ann. a. Trumbull, Co. Md
8. Full Name of Father William J. Welch
9. Father's Occupation Farmer
10. Father's Birthplace St Mary Co. Md
- Name of Medical Attendant, or other Person who make this Return. Mrs. Maria H. Barker
- Address 134 N. Hancock St
- Remarks a. E. C. Welch

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23347

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3 child

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race) color race

3. Date of Birth Saturd 9 february

4. Place of Birth (Street and Number) China St 4

5. Full Name of Mother Elisabeth Smith

6. Mother's Maiden Name Elisabeth Rainer

7. Mother's Birthplace Baltimore

8. Full Name of Father William Smith

9. Father's Occupation laborer

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Catherine Riley

Address 44 Walker

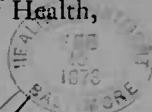
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23348

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



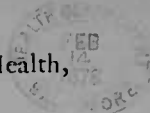
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race)
3. Date of Birth *Feb 16th 1878*
4. Place of Birth (Street and Number) *1234 Hamburg St.*
5. Full Name of Mother *Elizabeth Kronberg*
6. Mother's Maiden Name *Holt*
7. Mother's Birthplace *America*
8. Full Name of Father *Wilhelm Kronberg*
9. Father's Occupation *Boat maker*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this return *J. Schaefer midwife*
- Address *213 Cross St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23349

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth
Male

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

February 10th 1898

4. Place of Birth (Street and Number)

No 458 Bond St

5. Full Name of Mother

Catherine A. Mc Cardell

6. Mother's Maiden Name

" " Neilson

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Joseph Mc Cardell

9. Father's Occupation

Carpenter

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this return

Mary A. Milward

Address 286 Mc Donagh St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fifth
Male

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

February 10th 1878

4. Place of Birth (Street and Number)

No 252 E. Chase St

5. Full Name of Mother

Laura J. Holmes

6. Mother's Maiden Name

Laura J. Lathe

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Adam S. Holmes

9. Father's Occupation

Machinist

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this return

Mary A. Allwell

Address *286 W. Donogh St*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23357

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third
Female

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

Feb 10th 1878

4. Place of Birth (Street and Number)

No 453 E Eager St

5. Full Name of Mother

Susan M Griffin

6. Mother's Maiden Name

Susan M. Hill

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Chas M. Griffin

9. Father's Occupation

Plasterer

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this return

Harry A. Allwell

Address

286 Mc Donagh St

Remarks

That any physician, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23352

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *third*
1. Sex (state whether Male or Female) *Boy*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Feb 10th*
4. Place of Birth (Street and Number) *67th Harriet Street*
5. Full Name of Mother *Kara Marie*
6. Mother's Maiden Name *Rosa Shriber*
7. Mother's Birthplace *Balt.*
8. Full Name of Father *Edward Marie*
9. Father's Occupation *Barkeeper*
10. Father's Birthplace *Baden*

Name of Medical Attendant, or other Person who makes this return

Address

Remarks

Mrs. R. Alling
48 Halland St
Balt Md.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23353



To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) _____
3. Date of Birth Feb. 10th 1878
4. Place of Birth (Street and Number) 277 East Lombard St.
5. Full Name of Mother Sally Child
6. Mother's Maiden Name Sally Leger
7. Mother's Birthplace America
8. Full Name of Father Henry Child
9. Father's Occupation Mariner
10. Father's Birthplace America
- Name of Medical Attendant, or other Person who makes this Return Gertrude Miller
- Address 151 East Pratt St.
- Remarks _____

That any physician, nurse, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23354

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *Colored*

3. Date of Birth *Dec 10-1878*

4. Place of Birth (Street and Number) *44 Oxford St*

5. Full Name of Mother *Susan Ann Moore*

6. Mother's Maiden Name *Garnes*

7. Mother's Birthplace *Baltimore Md*

8. Full Name of Father *Richard H Moore*

9. Father's Occupation *Drayman*

10. Father's Birthplace *Baltimore Md*

Name of Medical Attendant, or other Person who makes this Return. *Wm R. R. R. R.*

Address *87 Mulberry St*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23355

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

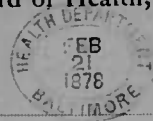
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Caucasian*
3. Date of Birth *14 10 of February 1915*
4. Place of Birth (Street and Number) *111 70, 8th Ave. N.W.*
5. Full Name of Mother *May Jackson*
6. Mother's Maiden Name *May Williams*
7. Mother's Birthplace *London, Maine*
8. Full Name of Father *Sam Jackson*
9. Father's Occupation *Teacher*
10. Father's Birthplace *Lineburg, Virginia*
- Name of Medical Attendant, or other Person who makes this return *Dr. J. H. Williams*
- Address *111 70, 8th Ave. N.W.*
- Remarks *mother had child since 1914*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23356

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



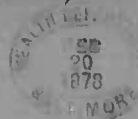
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
 1. Sex (state whether Male or Female) *Female*
 2. Race or Color (if not of the white race) *White*
 3. Date of Birth *Feb. 16th 1878*
 4. Place of Birth (Street and Number) *Baltimore, Pratt St. N. 102*
 5. Full Name of Mother *Mary Ann Mc Gee*
 6. Mother's Maiden Name *" M. J. Green*
 7. Mother's Birthplace *Ireland*
 8. Full Name of Father *James Mc Gee*
 9. Father's Occupation *Laborer*
 10. Father's Birthplace *Ireland*
 Name of Medical Attendant, or other Person who makes this return *Mrs. C. Mitchell*
 Address *N. 122 Parkin St.*
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23357

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~)

1. Sex (~~state whether Male or Female~~).

2. Race or Color (~~if not of the white race~~)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Dec 1st 1878.
229 Carrollton Ave.
Augusta E. Vickery.
Augusta E. Vickery.
London, Eng.
Edward M. Vickery.
Merchant.
Baltimore.
John R. Boyd, M.D.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, the or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

23951
HEALTH
JUN 10 1891

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

3. Date of Birth

Feb'y 10

4. Place of Birth (Street and Number)

292 Laverne St.

5. Full Name of Mother

Lilly Gardner

6. Mother's Maiden Name

Lilly Ischudi

7. Mother's Birthplace

Balt.

8. Full Name of Father

Emory Gardner

9. Father's Occupation

Bank Clerk

10. Father's Birthplace

Canoe Co.

Name of Medical Attendant, or other Person who makes this Return.

J. M. Wilson

Address

257 Madison Ave.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23359

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *February 10th 1878*
4. Place of Birth (Street and Number) *163 W. Lombard St (Maternity)*
5. Full Name of Mother *Mary Brown*
6. Mother's Maiden Name *'*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Unknown*
9. Father's Occupation *" "*
10. Father's Birthplace *" "*
- Name of Medical Attendant, or other Person who makes this return *Wm Lombel M.D.*
- Address *163 W. Lombard St.*
- Remarks

Let any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23360



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White race
3. Date of Birth Feb 10th 1878
4. Place of Birth (Street and Number) N 15 Patterson Ave
5. Full Name of Mother Christian Tharr
6. Mother's Maiden Name Caroline ~~Tharr~~ Spie
7. Mother's Birthplace Maryland
8. Full Name of Father William Tharr
9. Father's Occupation Carpenter & Builder
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this return Dr. J. B. Schmitt
- Address 4th Ave
- Remarks 4th Ave

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

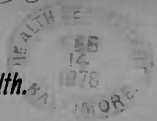
23361
23362
FEB 12 1878
BALTIMORE

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
1. Sex (state whether Male or Female) Male and Female
2. Race or Color (if not of the white race) White
3. Date of Birth February 10th 1878
4. Place of Birth (Street and Number) No. 266 Baltimore St.
5. Full Name of Mother Mary Hauke
6. Mother's Maiden Name Mary Hauke
7. Mother's Birthplace Ireland
8. Full Name of Father Michael Hauke
9. Father's Occupation Laborer
10. Father's Birthplace Ireland
- Name of Medical Attendant, or other Person who makes this Return. Catherine Warner
- Address No. 106 West 21
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23363



To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth February 10 1888
4. Place of Birth (Street and Number) 1888 Fort road
5. Full Name of Mother Christine Stenbeck
6. Mother's Maiden Name Christine Christ
7. Mother's Birthplace Germany
8. Full Name of Father Frederick Stenbeck
9. Father's Occupation Laborer
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Catherine Horner
- Address 110 West 124
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

233611

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c) *3d*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *10 Sep*
4. Place of Birth (Street and Number) *66 Sharp st*
5. Full Name of Mother *Louise Weissman*
6. Mother's Maiden Name *Saifean*
7. Mother's Birthplace *Prussia*
8. Full Name of Father *Fred. Weissman*
9. Father's Occupation *Painter*
10. Father's Birthplace *Bremen*
Name of Medical Attendant, or other Person who makes this Return. *Mary Krohn*
Address *328*
Remarks *found Ex. 1000 2*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23365

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

10th Feby 1878

4. Place of Birth (Street and Number)

179 Madison Ave

5. Full Name of Mother

Mrs B. Rosemark

6. Mother's Maiden Name

Margt Brown

7. Mother's Birthplace

Balto

8. Full Name of Father

A Rosemark

9. Father's Occupation

Laborer

10. Father's Birthplace

Balto

Name of Medical Attendant, or other Person who makes this report

Mr Mary E Spence

Address

203 Washington Str

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

23366



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth (4th)*
1. Sex (state whether ~~Male~~ or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *February 10th, 1878*
4. Place of Birth (Street and Number) *No. 218 North Broadway*
5. Full Name of Mother *Mrs. Mary Elizabeth Lielich*
6. Mother's Maiden Name *Miss M. E. Ebberts*
7. Mother's Birthplace *Friedrick City, Md.*
8. Full Name of Father *Mr. J. J. Lielich*
9. Father's Occupation *Machinist*
10. Father's Birthplace *Friedrick City, Md.*
- Name of Medical Attendant, or other Person who makes this Return. *Wm. A. Glendinning M.D.*
- Address *No. 102 North Broadway*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23367



To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c) 2
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) color
3. Date of Birth 10
4. Place of Birth (Street and Number) Waver St 103
5. Full Name of Mother Kate Anne Langley
6. Mother's Maiden Name Brewer
7. Mother's Birthplace Kent Island
8. Full Name of Father Lewis Everts
9. Father's Occupation oyster shucker
10. Father's Birthplace Kent Island
- Name of Medical Attendant, or other Person who makes this Return. Charlotte Johnson
- Address Waver St 193
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 23368

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether ~~Male~~ or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Col H
Febury 16. 1878
Euter Court No 18
Mary Bellings
Hopedell
Frederick City Md
Leary Bellings
Cafe Reauster
Harford County
Leary upshur
L. J. O.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 23369

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

3d

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

Colored

3. Date of Birth

Feb 10th 1878

4. Place of Birth (Street and Number)

86 Richmond St

5. Full Name of Mother

Mary F. Lane

6. Mother's Maiden Name

" " Boyd

7. Mother's Birthplace

Columbia, S.C.

8. Full Name of Father

Charles I. Lane

9. Father's Occupation

Barber

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Ann Duffy midwife
for Dr. Barker

Address

Remarks

RETURN OF A BIRTH.

23370

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex (state whether Male or Female)

Colored female

2. Race or Color (if not of the white race)

February the 10th 1878

3. Date of Birth

4. Place of Birth (Street and Number)

226 W. Durham St - Balt

5. Full Name of Mother

Leavelinda Johnson

6. Mother's Maiden Name

Guinda Snell

7. Mother's Birthplace

Baltimore

8. Full Name of Father

William Johnson

9. Father's Occupation

laborer

10. Father's Birthplace

Maryland

Name of Medical Attendant, or other Person who makes this Return.

Mary E. Baber

Address

51 Jefferson St - Balt City

Remarks

I have been sick is why i could not report

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

23371

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *Feb 10th 1878*
4. Place of Birth (Street and Number) *M 222 Vine St*
5. Full Name of Mother *Harriet Seyous*
6. Mother's Maiden Name *Harriet Barnes*
7. Mother's Birthplace *Howard Co Md*
8. Full Name of Father *Geo Washington Seyous*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Dorchester Co Mass*
- Name of Medical Attendant, or other Person who makes this Return. *Wm H. H. H. H. H.*
- Address *675 Harper St.*
- Remarks

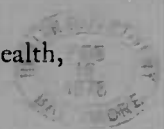
That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No 2.66.

RETURN OF A BIRTH.

23372

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth Feb. 10. 1878
4. Place of Birth (Street and Number) N. Hancock St No 300.
5. Full Name of Mother Martha E. Luter
6. Mother's Maiden Name Funk
7. Mother's Birthplace Blackstadt, Prussia
8. Full Name of Father Charles Luter
9. Father's Occupation Butcher
10. Father's Birthplace Blackstadt, Prussia
- Name of Medical Attendant, or other Person who makes this return Wm. T. Baupach
- Address 221 W. 1st St No 28
- Remarks Wm. E. Luter

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 23373

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth February 11th 1878
4. Place of Birth (Street and Number) No. 274 Franklin St.
5. Full Name of Mother Sarah D. Tompkins
6. Mother's Maiden Name " " Corfield
7. Mother's Birthplace Phil - Pa.
8. Full Name of Father Wm A. Tompkins
9. Father's Occupation Physician: not now in practice
10. Father's Birthplace Phil - Pa.
Name of Medical Attendant, or other Person who makes this Return. John J. King - M.D.
Address 76 Edmondson Ave
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23374

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY. 11th 1878.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th.
1. Sex (state whether Male or Female) Female.
2. Race or Color (if not of the white race) White.
3. Date of Birth Feb. 11th 1878.
4. Place of Birth (Street and Number) 444 Thames St.
5. Full Name of Mother Augusta Nolte.
6. Mother's Maiden Name Augusta Wnekka.
7. Mother's Birthplace Germany.
8. Full Name of Father August G. Nolte.
9. Father's Occupation Restaurant.
10. Father's Birthplace Germany.
- Name of Medical Attendant, or other Person who makes this return Mrs. Mary Amend.
- Address No. 137 Hope St.
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23375

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether Male or Female)

Male -

2. Race or Color (if not of the white race)

White

3. Date of Birth

February 11th 1878.

4. Place of Birth (Street and Number)

81 Penna. Avenue

5. Full Name of Mother

Fannie Schoeneman

6. Mother's Maiden Name

Wurtzberger

7. Mother's Birthplace

Balts. City

8. Full Name of Father

Jacob Schoeneman

9. Father's Occupation

Merchant

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Louis W. Knight M.D.

Address

112 N. Greene

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

CITY OF BALTIMORE 8-22-57
RETURN OF A BIRTH.

23376

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



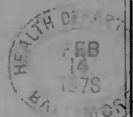
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Frederick R. Kunz*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) _____
3. Date of Birth *Nov 11th 1915*
4. Place of Birth (Street and Number) *1216 Holliston St*
5. Full Name of Mother *Elisabeth Kunz*
6. Mother's Maiden Name *Cush*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Henry Kunz*
9. Father's Occupation *Bar Keeper*
10. Father's Birthplace *Germany*
Name of Medical Attendant, or other Person who makes this Return. *Gertrude Miller*
Address _____
Remarks _____

That any physician, nurse, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23377

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Feb 14 1878
4. Place of Birth (Street and Number) Baltimore City
5. Full Name of Mother Mrs. Jane
6. Mother's Maiden Name Stine
7. Mother's Birthplace Germany
8. Full Name of Father Frank Stine
9. Father's Occupation Carriage Maker
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Charles H. Stine
- Address 101 N. 1st St.
- Remarks Baltimore City

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23378

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



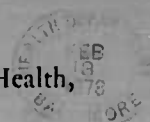
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First Child*
1. Sex (state whether Male or Female) ~~Female~~ *Male*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *11th of Feb*
4. Place of Birth (Street and Number) *No. 140 York St*
5. Full Name of Mother *Harricell E. Harrison*
6. Mother's Maiden Name *Harricell E. Brooks*
7. Mother's Birthplace *King / Queen County Va*
8. Full Name of Father *Anthony M. Harrison*
9. Father's Occupation *Porter Pullman Palace Car Co.*
10. Father's Birthplace *Caroline Co Va*
- Name of Medical Attendant, or other Person who makes this return *D^r Hall Sarah Wilson*
- Address *No 252 Hughes St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23379

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
 1. Sex (state whether Male or Female) Male
 2. Race or Color (if not of the white race) White
 3. Date of Birth Feb. 11th 1878
 4. Place of Birth (Street and Number) Baltimore Columbia St. No. 28
 5. Full Name of Mother Catherine Link
 6. Mother's Maiden Name Lauder
 7. Mother's Birthplace Baltimore
 8. Full Name of Father George Link
 9. Father's Occupation Turner
 10. Father's Birthplace Germany
 Name of Medical Attendant, or other Person who makes this return Mrs. C. Mitchell
 Address No. 132 E. 1st St.
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23380

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th.*

1. Sex (state whether Male or Female) *male*

2. Race or Color (if not of the white race) *white*

3. Date of Birth *February 11th 1878*

4. Place of Birth (Street and Number) *corner Spruce & Camden Sts. No. 70.*

5. Full Name of Mother *Cath. Paris*

6. Mother's Maiden Name *Cath. Grogans.*

7. Mother's Birthplace *Baltimore Md.*

8. Full Name of Father *John Paris*

9. Father's Occupation *Tailor*

10. Father's Birthplace *Bavaria.*

Name of Medical Attendant, or other Person who makes this Return. *Samuel Davis*

Address *226 Spruce St.*

Remarks

Full Record of that Quarters in the City of Baltimore

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23387

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Birth*
1. Sex (state whether Male or Female) *Boil*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *11 February*
4. Place of Birth (Street and Number) *46 Barnes St*
5. Full Name of Mother *Anna Haurinck*
6. Mother's Maiden Name *Kaelik*
7. Mother's Birthplace *Schodien*
8. Full Name of Father *Franc Haurinck*
9. Father's Occupation *Salager*
10. Father's Birthplace *Schodien*
- Name of Medical Attendant, or other Person who makes this Return. *J. Penrod*
- Address *20 Barnes St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23382

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1 Child

1. Sex (state whether Male or Female)

male

2. Race or Color (if not of the white race)

Colored Child

3. Date of Birth

January 11 1878

4. Place of Birth (Street and Number)

no 204 N. Lombard st

5. Full Name of Mother

Anna E. Johnson

6. Mother's Maiden Name

Wm E. Howard

7. Mother's Birthplace

East Shore Maryland

8. Full Name of Father

James Edward Johnson

9. Father's Occupation

Carpenter

10. Father's Birthplace

Baltimore City

Name of Medical Attendant, or other Person who makes this return

Address

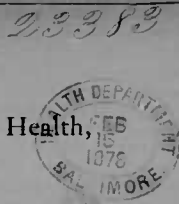
Health Dept no 7 Young Street

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd Child*
- Sex (state whether ~~Male~~ or Female) _____
 - Race or Color (if not of the white race) *White*
 - Date of Birth *February the 11, 1898.*
 - Place of Birth (Street and Number) *S. Carolina St. No. 103.*
 - Full Name of Mother *Nessie Feller*
 - Mother's Maiden Name *Nessie Gelroy*
 - Mother's Birthplace *Baltimore City*
 - Full Name of Father *Louis Feller*
 - Father's Occupation *Laborer*
 - Father's Birthplace *Baltimore City*
- Name of Medical Attendant, or other Person who makes this return *Mary E. Miller*
- Address *N. Dallas St. No. 26*
- Remarks _____

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23384

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



Name: *David Lowery Bennett*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd Child*

1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *February the 11, 1878.*
4. Place of Birth (Street and Number) *S. Ann St. No 90.*
5. Full Name of Mother *Walthe. (Bernhard) Bennett*
6. Mother's Maiden Name *Walthe. Link Lynch*
7. Mother's Birthplace *Baltimore City*
8. Full Name of Father *Robert. M. (Bernhard), Bennett*
9. Father's Occupation *Store Clerk*
10. Father's Birthplace *Baltimore City*

Name of Medical Attendant, or other Person who makes this return *Mary E. Müller*

Address *N. Dallas St. No 26.*

Remarks

RETURN OF A BIRTH.

23985

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

February 11th 78

4. Place of Birth (Street and Number)

152 Conway St.

5. Full Name of Mother

Lizzie Stark Hill

6. Mother's Maiden Name

Lizzie Stark

7. Mother's Birthplace

State of Maine

8. Full Name of Father

August Walden

9. Father's Occupation

Foreman in Glass Warehouse

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Dr. Smith

Address

108 S. 1st St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23386

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2nd, 3rd, &c.)

1. Sex (~~state whether Male or Female~~)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

White
July 12th 1878
No. Hoffman st. East Baltimore Rd.
Ella Sampson
Ella Harris
Balt. City
Mr. Sampson
Ice Dealer & Steamship
Ohio
John P. Leonard M.D.
5. W. Calum & Reed St.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23387

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

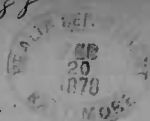


- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex (state whether Male or Female) *a Boy*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Feb. 21, 1878*
4. Place of Birth (Street and Number) *91 Hallenue St.*
5. Full Name of Mother *Elisabeth Van der Linde*
6. Mother's Maiden Name *Shmitt*
7. Mother's Birthplace *Hess*
8. Full Name of Father *Michael Tobias Van Der Linde*
9. Father's Occupation *Taylor*
10. Father's Birthplace *Hannover*
- Name of Medical Attendant, or other Person who makes this return *Mrs B. Allen*
- Address *48 Hallenue St.*
- Remarks *Bolton*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23388



To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd female*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *February the 12th 1878*
4. Place of Birth (Street and Number) *Baltimore Lombard St No 693*
5. Full Name of Mother *Elizabeth Emurich*
6. Mother's Maiden Name *Elizabeth Shepherd*
7. Mother's Birthplace *Annapolis Co Md*
8. Full Name of Father *George Washington Emurich*
9. Father's Occupation *Clark*
10. Father's Birthplace *Washington D.C.*
- Name of Medical Attendant, or other Person who makes this Return. *Mr J. Schurmer*
- Address *28 Penn St Baltimore A*
- Remarks

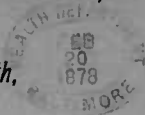
rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

23389

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

2 Child

1. Sex (state whether Male or Female)

female

2. Race or Color (if not of the white race)

colored

3. Date of Birth

12 of February

4. Place of Birth (Street and Number)

103 - Lee St

5. Full Name of Mother

Leizer Gidley

6. Mother's Maiden Name

Leizer Mary

7. Mother's Birthplace

Baltimore Md

8. Full Name of Father

Wm Gidley

9. Father's Occupation

Barber

10. Father's Birthplace

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Address

Leizer Gidley

Remarks

no palpitations

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23390

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Feb 12th 1898

4. Place of Birth (Street and Number)

Annabella & Howard St

5. Full Name of Mother

Annie Humphillion

6. Mother's Maiden Name

Annie Litten

7. Mother's Birthplace

Baltimore City

8. Full Name of Father

Wesley D. Humphillion

9. Father's Occupation

Cigar Store

10. Father's Birthplace

Baptist

Name of Medical Attendant, or other Person who makes this Return.

Theodore Cooke M.D.

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23391

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Colored
3. Date of Birth February 12 1878
4. Place of Birth (Street and Number) NB Forest St
5. Full Name of Mother
6. Mother's Maiden Name Mary E. Nelson
7. Mother's Birthplace Baltimore Md.
8. Full Name of Father Thomas Jefferson
9. Father's Occupation Balti
10. Father's Birthplace Baltimore Md.
- Name of Medical Attendant, or other Person who makes this return Sham J. McKittrick
- Address 32 Forest St
- Remarks all well

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23399

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

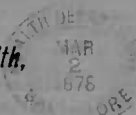
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *German*
3. Date of Birth *February 12th 1878*
4. Place of Birth (Street and Number) *163 W. Lombard St.*
5. Full Name of Mother *Hedra Palmer*
6. Mother's Maiden Name *Straub*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Henry Matthias Straub*
9. Father's Occupation *Stone Cutter*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this return *Wm Lombel M.D.*
- Address *163 W. Lombard St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23393

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



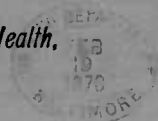
- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Fifth*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *February 12th 1878*
4. Place of Birth (Street and Number) *No 39 N. Zeller St*
5. Full Name of Mother *Louisa Kenley*
6. Mother's Maiden Name *Annie Stewart*
7. Mother's Birthplace *Baltimore Md.*
8. Full Name of Father *Oliver Kenley*
9. Father's Occupation *Police Officer*
10. Father's Birthplace *Harford Co Maryland*
- Name of Medical Attendant, or other Person who makes this Return. *Dr J. P. Gault*
- Address *No 132 N. Zeller St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23,394

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First
 1. Sex (state whether Male or Female) Male
 2. Race or Color (if not of the white race) _____
 3. Date of Birth February 12th 1878
 4. Place of Birth (Street and Number) 57 Henrietta Street
 5. Full Name of Mother Bessie Thompson
 6. Mother's Maiden Name Bessie George
 7. Mother's Birthplace Baltimore
 8. Full Name of Father William Thompson
 9. Father's Occupation Engineer
 10. Father's Birthplace Philadelphia Pa
 Name of Medical Attendant, or other Person who makes this Return. W. H. Wiley M.D.
 Address 25-3 Hanover Street
 Remarks _____

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23395

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *6*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *12 October 1878*
4. Place of Birth (Street and Number) *46 Poncan St*
5. Full Name of Mother *Bridget Bailey*
6. Mother's Maiden Name *Bridget Dawson*
7. Mother's Birthplace *Ireland*
8. Full Name of Father *Martha Bailey*
9. Father's Occupation *Labore*
10. Father's Birthplace *Ireland*
- Name of Medical Attendant, or other Person who makes this Return. *Miss E. Gray*
- Address *193 10 Chester St*
- Remarks *Healthy*

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23396

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)

female 2nd

1. Sex (state whether Male or Female)

female

2. Race or Color (if not of the white race)

3. Date of Birth

February 12th 1878

4. Place of Birth (Street and Number)

23 Lombard St.

5. Full Name of Mother

Sarah Sapp.

6. Mother's Maiden Name

Saraharrison

7. Mother's Birthplace

United States

8. Full Name of Father

Christian Sapp

9. Father's Occupation

Labour

10. Father's Birthplace

United States

Name of Medical Attendant, or other Person who makes this Return.

Sarah Sapp

Address

52 E. Lombard St.

Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No 268

RETURN OF A BIRTH.

23397

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

female

2. Race or Color (if not of the white race)

white

3. Date of Birth

Feb 12. 1878

4. Place of Birth (Street and Number)

W. Lombard St. No 363.

5. Full Name of Mother

Wollbusch Link

6. Mother's Maiden Name

Frank

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Bernhardt Link

9. Father's Occupation

Cigar and Cigarette Manufacturer

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this return

Mrs. J. Brunsbach

Address

217 W. 11th St. No 28

Remarks

Mrs. Brunsbach

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No 267

RETURN OF A BIRTH.

23398

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

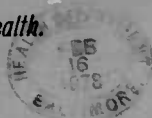


No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 116
 1. Sex (state whether Male or Female) Male
 2. Race or Color (if not of the white race) white
 3. Date of Birth Feb. 12. 1898
 4. Place of Birth (Street and Number) Lanken St. No 31.
 5. Full Name of Mother Mary Guckhagen
 6. Mother's Maiden Name Wieschungen
 7. Mother's Birthplace Prussia
 8. Full Name of Father Georg Guckhagen
 9. Father's Occupation Teacher
 10. Father's Birthplace Prussia
 Name of Medical Attendant, or other Person who makes this return Dr. J. C. Dulany
 Address Spots Wolf St. No 28
 Remarks Midwife

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
 1. Sex (state whether Male or Female) Female
 2. Race or Color (if not of the white race) White
 3. Date of Birth February 12/99
 4. Place of Birth (Street and Number) # 62 Burke St
 5. Full Name of Mother Catherine Est Oldenhouse
 6. Mother's Maiden Name Catherine Oldenhouse
 7. Mother's Birthplace Baltimore
 8. Full Name of Father Henry Oldenhouse
 9. Father's Occupation Richardson
 10. Father's Birthplace Hanover
 Name of Medical Attendant, or other Person who makes this Return. M. J. Furman
 Address 25 S. Furman St
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, paternity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23400

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
 1. Sex (state whether Male or Female) *Female*
 2. Race or Color (if not of the white race)
 3. Date of Birth *February 13th 1878*
 4. Place of Birth (Street and Number) *No 172 Sarah Ann St*
 5. Full Name of Mother *Christinia Hemgenühle*
 6. Mother's Maiden Name *Christine Werker*
 7. Mother's Birthplace *Germany*
 8. Full Name of Father *William Hemgenühle*
 9. Father's Occupation *Shoemaker*
 10. Father's Birthplace *Germany*
 Name of Medical Attendant, or other Person who makes this return *Mrs Jane Winnbarger*
 Address *No 23 N. Liberty St.*
 Remarks

28 blanks of year 1878

20 numbers for those
used to make up books

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the paronia, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

~~23158A~~

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race) white

3. Date of Birth April 14th 1878.

4. Place of Birth (Street and Number) 355 Eastern Av.

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who
make this Return.

Address

Remarks

Pierre G. Dauschmidt
27 N. Broadway

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

23400-

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *W. S.*
3. Date of Birth *May 29. 1878*
4. Place of Birth (Street and Number) *Greenway Pl. No. 565*
5. Full Name of Mother *Elizabeth A. Schaub*
6. Mother's Maiden Name *the Schaub*
7. Mother's Birthplace *Germany*
8. Full Name of Father *the Schaub*
9. Father's Occupation *Engineer*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return *Dr. J. M. Schaub*
- Address *Lawrenceville St. No. 711*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23400-A

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *4*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *10 April*
4. Place of Birth (Street and Number) *Westport 134*
5. Full Name of Mother *Eliza Ann Dickson*
6. Mother's Maiden Name *King*
7. Mother's Birthplace *Germany*
8. Full Name of Father *James Dickson*
9. Father's Occupation *Carpenter*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Miss Larkin*
- Address *Spring Street 10*
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23400B

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Male

W

27 Dec

161 E. Green St. W. Hill

Mrs. Mary Ann Hill

Muehlen

Mrs. Mary Ann Hill

Baltimore

John Hill

Physician

Baltimore

Dr. John Hill

74 Green St. W. Hill

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) _____
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *W*
3. Date of Birth *29 Dec 1878*
4. Place of Birth (Street and Number) *87 Lombard St. Phila*
5. Full Name of Mother *Elizabeth Smith*
6. Mother's Maiden Name *B. Danner*
7. Mother's Birthplace *Quilbourn*
8. Full Name of Father *George Smith*
9. Father's Occupation *Driver*
10. Father's Birthplace *Philadelp*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. J. H. Smith*
- Address *714 Lombard St. Phila*
- Remarks _____

rect Record of Vital Statistics in the City of Baltimore.

That any physician, necoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *W*

3. Date of Birth *23 May*

4. Place of Birth (Street and Number) *3 Digging Alley*

5. Full Name of Mother *Frances M. Hall*

6. Mother's Maiden Name *E. Ward*

7. Mother's Birthplace *Greenwich*

8. Full Name of Father *James M. Hall*

9. Father's Occupation *Carriage Driver*

10. Father's Birthplace *Greenwich*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

James M. Hall
74 Eastport St. W.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accouchcur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female) *Male*

2. Race or Color, (if not of the white race) *W*

3. Date of Birth *22 May*

4. Place of Birth (Street and Number) *27d Cross St Will*

5. Full Name of Mother *Elizabeth Stutz* *Flash*

6. Mother's Maiden Name *R. Horn*

7. Mother's Birthplace *Germany*

8. Full Name of Father *James Stutz*

9. Father's Occupation *Trayman*

10. Father's Birthplace *Germany*

Name of Medical Attendant, or other Person who makes this Return. *Edw. Stutz*

Address *71 East Main St*

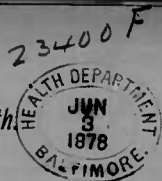
Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar inforeaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) _____
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) W
3. Date of Birth 24 Dec
4. Place of Birth (Street and Number) 153 Greenway Hill
5. Full Name of Mother Frances B. Thompson
6. Mother's Maiden Name Reynolds
7. Mother's Birthplace Baltimore
8. Full Name of Father James H. Thompson
9. Father's Occupation Carpenter
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Dr. J. W. H. H. H.
- Address 74 Greenway Hill
- Remarks _____

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



23400^H

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
 1. Sex (state whether Male or Female) Male
 2. Race or Color (if not of the white race) White
 3. Date of Birth 4 Mar. 1878
 4. Place of Birth (Street and Number) 492 Greenmount West
 5. Full Name of Mother Louise Brown Barnes
 6. Mother's Maiden Name Louise Kifer
 7. Mother's Birthplace Germany
 8. Full Name of Father Joseph Brown
 9. Father's Occupation Bookkeeper
 10. Father's Birthplace Sweden
- Name of Medical Attendant, or other Person who makes this return John H. Garrison
- Address 1214 Greenmount West
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

234004

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

German

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

"

3. Date of Birth

19. March 1878.

4. Place of Birth (Street and Number)

Ind. Lane N. 144

5. Full Name of Mother

Professor Cornwell

6. Mother's Maiden Name

Wasserman

7. Mother's Birthplace

Germany

8. Full Name of Father

David Wasserman

9. Father's Occupation

Teacher

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Address

Mrs. Louise Kraft.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

234009

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *17. Nov 1898.*
4. Place of Birth (Street and Number) *Pratt Street 1572*
5. Full Name of Mother *Anna Cargill*
6. Mother's Maiden Name *John*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *George Cargill*
9. Father's Occupation *Superintendent*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Louise Kraft.*
- Address
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23400J

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

3. Date of Birth

3 Nov 1881

4. Place of Birth (Street and Number)

82 North Street

5. Full Name of Mother

Eliza B. Kretzko

Kretzko

6. Mother's Maiden Name

Eliza B. Kretzko

7. Mother's Birthplace

Baltimore

8. Full Name of Father

John P. Kretzko

9. Father's Occupation

Bookbinder

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Dr. J. P. Kretzko

Address

1 North Street, Baltimore

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accouchur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..

1. Sex (state whether Male or Female) ..

2. Race or Color (if not of the white race) ..

3. Date of Birth ..

4. Place of Birth (Street and Number) ..

5. Full Name of Mother ..

6. Mother's Maiden Name ..

7. Mother's Birthplace ..

8. Full Name of Father ..

9. Father's Occupation ..

10. Father's Birthplace ..

Name of Medical Attendant, or other Person who makes this Return. ..

Address ..

Remarks ..

1st Male
W
12 Nov
277 Jacob's Hill
Martha Leibel
M. Leibel
Baltimore
J. Leibel
Baltimore
Baltimore
Baltimore
J. Leibel
74 East Hill

That any physician, apothecary, midwife, or other person in charge, who shall attend, assist or be present at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Kinn
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 21 Mar 1898
4. Place of Birth (Street and Number) St Paul St
5. Full Name of Mother Margaret Mary
6. Mother's Maiden Name Margaret McNeill
7. Mother's Birthplace Livermore
8. Full Name of Father James Henry
9. Father's Occupation Carpenter
10. Father's Birthplace Livermore
- Name of Medical Attendant, or other Person who makes this return Dr J. W. Gifford
- Address 114 Third St
- Remarks

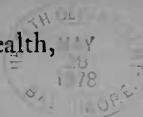
Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23400 M

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th Residence*
 1. Sex (state whether Male or Female) *Male*
 2. Race or Color (if not of the white race) *White*
 3. Date of Birth *19 Mar 1898*
 4. Place of Birth (Street and Number) *20 Ingraham St*
 5. Full Name of Mother *Rosaline Louise*
 6. Mother's Maiden Name *Rosaline Maxwell*
 7. Mother's Birthplace *Indefinite*
 8. Full Name of Father *Isaac Lewis*
 9. Father's Occupation *Electrician*
 10. Father's Birthplace *Indefinite*
 Name of Medical Attendant, or other Person who makes this return *Inspector Joseph Fitzgerald*
 Address *My friend's*
 Remarks

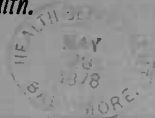
rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

23400N

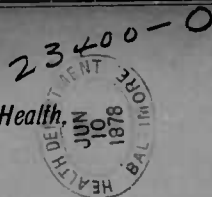


- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex (state whether Male or Female) ~~Male~~ Male
2. Race or Color (if not of the white race) White
3. Date of Birth 22 Nov 1878
4. Place of Birth (Street and Number) 528 Pennsylvania Avenue
5. Full Name of Mother Anne Roney
6. Mother's Maiden Name Anne Linn
7. Mother's Birthplace Baltimore
8. Full Name of Father Thomas Roney
9. Father's Occupation Merchant
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Dr. J. M. Linn
- Address 214 Janes Street
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar, ^{above said,} within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) white

3. Date of Birth May 28

4. Place of Birth (Street and Number) Downing St. 119.

5. Full Name of Mother Eliza Esther Knapp

6. Mother's Maiden Name Eliza Esther Knapp

7. Mother's Birthplace St. Louis, Missouri

8. Full Name of Father James Knapp

9. Father's Occupation Merchant

10. Father's Birthplace St. Louis, Missouri

Name of Medical Attendant, or other Person who makes this Return. Dr. J. M. Knapp

Address

Remarks

That any physician, apothecary, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *6 Nov 1878*
4. Place of Birth (Street and Number) *71 Madison St*
5. Full Name of Mother *Mary Ann Jones*
6. Mother's Maiden Name *Mary Ann Waller*
7. Mother's Birthplace *England*
8. Full Name of Father *John Jones*
9. Father's Occupation *Labrador*
10. Father's Birthplace *England*
- Name of Medical Attendant, or other Person who makes this return *John Jones*
- Address *25 Janes St*
- Remarks *Signatures*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23400-6

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *26 May 1898*
4. Place of Birth (Street and Number) *90 E. Libel St. Md. Wash*
5. Full Name of Mother *Rosalina Salomonson*
6. Mother's Maiden Name *Rosalina Wlass*
7. Mother's Birthplace *Danish*
8. Full Name of Father *Joseph Salomonson*
9. Father's Occupation *Printer*
10. Father's Birthplace *Danish*
- Name of Medical Attendant, or other Person who makes this return *Robert Thompson Esq.*
- Address *No. 147 Janine St.*
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

23400 R

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *May 27*
4. Place of Birth (Street and Number) *Greenleaf Hall St 80*
5. Full Name of Mother *Ruthie Stewart*
6. Mother's Maiden Name *Ruthie Mallon*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *John Stewart* *Frank*
9. Father's Occupation *Charcoal burner*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Ruthie Stewart*
- Address *Greenleaf Hall St 80*
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

23400-5

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth March 21
4. Place of Birth (Street and Number) West 11th St. 311
5. Full Name of Mother Kathleen Elizabeth
6. Mother's Maiden Name Kathleen Giffney
7. Mother's Birthplace Baltimore
8. Full Name of Father Charles Edward Johnson
9. Father's Occupation Druggist
10. Father's Birthplace Massachusetts
- Name of Medical Attendant, or other Person who makes this Return. Dr. J. M. Johnson
- Address 11th St. 311
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. He or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23400-T

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
- Sex (state whether Male or Female) Female
- Race or Color (if not of the white race) Mixed
- Date of Birth Dec 26 Mon 1878
- Place of Birth (Street and Number) Edgemoor St 26
- Full Name of Mother Marian Brown
- Mother's Maiden Name Marianne Lorraine
- Mother's Birthplace Irishland
- Full Name of Father George Lorraine
- Father's Occupation Physician
- Father's Birthplace Irishland
- Name of Medical Attendant, or other Person who makes this return Dr. George Lorraine
- Address No 14 Junior St
- Remarks

That any physician, apothecary, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23400-U

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Jan 30th 1898*
4. Place of Birth (Street and Number) *Lawrence St 97*
5. Full Name of Mother *Dorothea Dink*
6. Mother's Maiden Name *Dorothea Kartheiser*
7. Mother's Birthplace *Leinfurth*
8. Full Name of Father *Paul Jacob Dink*
9. Father's Occupation *Driver*
10. Father's Birthplace *Leinfurth*
- Name of Medical Attendant, or other Person who makes this return *Dr. William Hoffman, Leinfurth*
- Address *No 14 Janine St*
- Remarks

That any physician, apothecary, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23400-✓
BIRTH
1878
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

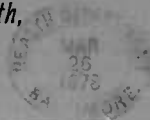
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.
1. Sex (state whether Male or Female) Boy
2. Race or Color (if not of the white race) White
3. Date of Birth 11 June 1878.
4. Place of Birth (Street and Number) Ward 18.
5. Full Name of Mother Ana Darnell
6. Mother's Maiden Name Ana Bird
7. Mother's Birthplace Baltimore
8. Full Name of Father Charles Taylor
9. Father's Occupation Black
10. Father's Birthplace Dimpfing
- Name of Medical Attendant, or other Person who makes this return Dr. J. W. Taylor
- Address No 14 J. W. Taylor
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

23400-W



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) _____

1. Sex (state whether Male or Female) LOUIS CARL BEYER *male*

2. Race or Color (if not of the white race) _____

3. Date of Birth 22. May 1898

4. Place of Birth (Street and Number) Gaffney Street 24

5. Full Name of Mother Josephine Lajos Beyer

6. Mother's Maiden Name Josephine

7. Mother's Birthplace Southfield

8. Full Name of Father Louis Lajos

9. Father's Occupation Physician

10. Father's Birthplace Southfield

Name of Medical Attendant, or other Person who makes this Return. Mrs. Louise Kraft

Address _____

Remarks _____

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23400-1

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether Male or Female) Boy
2. Race or Color (if not of the white race) White
3. Date of Birth 20 Apr May 1898
4. Place of Birth (Street and Number) Pratt St 68
5. Full Name of Mother Franklin Wicks
6. Mother's Maiden Name Elizabeth Wicks
7. Mother's Birthplace Pratt St
8. Full Name of Father Franklin Wicks
9. Father's Occupation Teacher
10. Father's Birthplace Pratt St
- Name of Medical Attendant, or other Person who makes this return Dr. J. C. DeLany
- Address 104 Janes St
- Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

23400-Y



No. of Child of Mother (state whether 1st, 2d, 3d, &c) 2

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race) bo' add

3. Date of Birth Jan 10 1891

4. Place of Birth (Street and Number) 187 barnaway

5. Full Name of Mother Presbiter. Quinn

6. Mother's Maiden Name Pope

7. Mother's Birthplace easton. Shore

8. Full Name of Father Joseph

9. Father's Occupation labor

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Arthur. E. Rodgers

Address 140 1/2 Howard St.

Remarks no record

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

23400-2

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Dec. 30 Mon. 1898*
4. Place of Birth (Street and Number) *268 E. 1st St.*
5. Full Name of Mother *Mary Jane*
6. Mother's Maiden Name *Mary Jane*
7. Mother's Birthplace *London*
8. Full Name of Father *John J. Jones*
9. Father's Occupation *Teacher*
10. Father's Birthplace *London*
- Name of Medical Attendant, or other Person who makes this return *John J. Jones*
- Address *No 14 E. 1st St.*
- Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23461
FEB 17 1898
FEB 18 1898
JAN 18 1898

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First
Male

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

February 13th 1898

4. Place of Birth (Street and Number)

No 57 N. Bond St.

5. Full Name of Mother

Florence May
Florence Walter

6. Mother's Maiden Name

Baltimore

7. Mother's Birthplace

8. Full Name of Father

Frank P. May

9. Father's Occupation

Tracklayer

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this return

Mary A. Allwell

Address 286 N. Donogh St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar inforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White.

3. Date of Birth: February 13 1878.

4. Place of Birth (Street and Number) No. 338 Cor. Caroline & Orleans St.

5. Full Name of Mother Josephine Sulauf.

6. Mother's Maiden Name Josephine Haggerty.

7. Mother's Birthplace Baltimore.

8. Full Name of Father Louis B. Sulauf

9. Father's Occupation Restaurant.

10. Father's Birthplace Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Lena H. Megist.

Address No 182 Monument St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23403

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1 Kind*
 1. Sex (state whether Male or Female) *Boy*
 2. Race or Color (if not of the white race) *Weiß*
 3. Date of Birth *geboren 13 Februar*
 4. Place of Birth (Street and Number) *N 267 Bond St*
 5. Full Name of Mother *Margrethe Weißgröber*
 6. Mother's Maiden Name *Margrethe Münch*
 7. Mother's Birthplace *Deutschland*
 8. Full Name of Father *Henry Weißgröber*
 9. Father's Occupation *Händler*
 10. Father's Birthplace *Deutschland*
 Name of Medical Attendant, or other Person who makes this return *Friederike Kaufmann*
 Address *N 289 Eversm Ave*
 Remarks *Heim*

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23404

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether Male or Female)

Female -

2. Race or Color (if not of the white race)

White -

3. Date of Birth

February 13th 1878

4. Place of Birth (Street and Number)

57 Penna. Avenue

5. Full Name of Mother

Kate Kohlheip

6. Mother's Maiden Name

Vorndran

7. Mother's Birthplace

Balt. City

8. Full Name of Father

Anton Kohlheip

9. Father's Occupation

Tinner

10. Father's Birthplace

Balt. City

Name of Medical Attendant, or other Person who makes this Return.

Louis W. Knight M.D.

Address

112 N. Greene St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23405

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth 13 of June 1878

4. Place of Birth (Street and Number) 10 W. 11th St.

5. Full Name of Mother Ellen Bond

6. Mother's Maiden Name Ellen Bailey

7. Mother's Birthplace England

8. Full Name of Father James Bond

9. Father's Occupation Laborer

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this return J. H. Bond

Address 10 W. 11th St.

Remarks Child born healthy

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23406

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c) 10th
 1. Sex (state whether Male or Female) Male
 2. Race or Color (if not of the white race) Colored
 3. Date of Birth January the 13th 1878
 4. Place of Birth (Street and Number) No 48. Sumner Street.
 5. Full Name of Mother Sara Fegittain
 6. Mother's Maiden Name Sara Garrett
 7. Mother's Birthplace Eastern Shore.
 8. Full Name of Father John F. Fegittain
 9. Father's Occupation Laborer.
 10. Father's Birthplace Eastern Shore.
 Name of Medical Attendant, or other Person who makes this Return. Mrs. M. C. Butt
 Address c 185 E. E. Cor. of Monument St. & Centre av.
 Remarks Still Well.

Extract Registrations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 23407

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Third
Female

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

Feb 13th 1898
195 Edmonson Av.

4. Place of Birth (Street and Number)

5. Full Name of Mother

Flora Davis
Flora Strausbaugh

6. Mother's Maiden Name

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Harry Davis

9. Father's Occupation

Clerk

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Wm. J. Powell

Address

2029 Asquith St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23408

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third
 1. Sex (state whether Male or Female) Female
 2. Race or Color (if not of the white race) White
 3. Date of Birth Feb'y 13th 1878
 4. Place of Birth (Street and Number) No. 76 Gauley St.
 5. Full Name of Mother Wilhelmina Cole
 6. Mother's Maiden Name do Bramble
 7. Mother's Birthplace Cambridge Md.
 8. Full Name of Father William Cole
 9. Father's Occupation Plumber
 10. Father's Birthplace Balta. Co. Md.
 Name of Medical Attendant, or other Person who makes this Return R. W. Mansfield M.D.
 Address 117 S. Broadway
 Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23409

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c) *First.*
 1. Sex (state whether Male or Female) *Male*
 2. Race or Color (if not of the white race) *White*
 3. Date of Birth *13 Feby. 1878*
 4. Place of Birth (Street and Number) *209 South Sharp St*
 5. Full Name of Mother *Elizabeth Griffin*
 6. Mother's Maiden Name *Reinhardt Schmidt*
 7. Mother's Birthplace *Virginia*
 8. Full Name of Father *Samuel Griffin*
 9. Father's Occupation *Varnisher*
 10. Father's Birthplace *Washington D.C*
 Name of Medical Attendant, or other Person who makes this Return. *May Knott*
 Address *328 Jenkins St.*
 Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23410

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *February 13 1878*

4. Place of Birth (Street and Number) *534 W. Bayview St*

5. Full Name of Mother *Sarah C. Finley*

6. Mother's Maiden Name *Sarah C. Hutchings*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *Wm Finley*

9. Father's Occupation *Finley*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Theodore Coote M.D.*

Address

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *The 1 child*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *of the Colored race*
3. Date of Birth *Born on the 13th February*
4. Place of Birth (Street and Number) *at 222 South Howard Street*
5. Full Name of Mother *Sarah Jane Spence*
6. Mother's Maiden Name *Sarah Jane Martin*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Laniel North Spence*
9. Father's Occupation *Brick maker*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *July Ann Spence*
- Address *No 314 S Howard St*
- Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

234121

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Ma'e or Female) Male -

2. Race or Color (if not of the white race) White

3. Date of Birth 13th February 1878

4. Place of Birth (Street and Number) 230 E. Monument St

5. Full Name of Mother Thomas M. Sparklin

6. Mother's Maiden Name " " Melkins

7. Mother's Birthplace Balto -

8. Full Name of Father William P. Sparklin

9. Father's Occupation Wood Turner

10. Father's Birthplace Balto

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

G. J. Jones.
137 Orleans St

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23413

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9th Child.
Female.

1. Sex (state whether Male or Female)

White.

2. Race or Color (if not of the white race)

3. Date of Birth

Feb'y 13. 1878.

4. Place of Birth (Street and Number)

No. 5 E Pratt St.

5. Full Name of Mother

Mary E. Bosle.

6. Mother's Maiden Name

Mary E. Albert.

7. Mother's Birthplace

Balt.

8. Full Name of Father

Jo. C. Bosle.

9. Father's Occupation

Baker.

10. Father's Birthplace

Balt.

Name of Medical Attendant, or other Person who makes this Return.

John Powell, M.D.
224 Carrollton Ave.

Address

Remarks

Child Healthy.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

234114

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex (state whether Male or Female) *Female.*
2. Race or Color (if not of the white race) *White.*
3. Date of Birth *13th of Feb. 1878*
4. Place of Birth (Street and Number) *No. 3096th Lombard.*
5. Full Name of Mother *Mary A. Frank.*
6. Mother's Maiden Name *Mary A. Perkins*
7. Mother's Birthplace *Baltimore City*
8. Full Name of Father *John L. Frank.*
9. Father's Occupation *Glass Blower*
10. Father's Birthplace *Baltimore City*
- Name of Medical Attendant, or other person who makes this Return. *Mary Waller*
- Address. *125 W. Caroline St*
- Remarks *Baltimore City*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

93415-

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth 13 March 1878

4. Place of Birth (Street and Number) 21 Fountain St

5. Full Name of Mother Jct Maxwell

6. Mother's Maiden Name Jct Conklin

7. Mother's Birthplace Baltimore

8. Full Name of Father John Maxwell

9. Father's Occupation Hostler

10. Father's Birthplace Fair Haven Conn

Name of Medical Attendant, or other Person who makes this Return. Merr E Gray

Address 193 W Leister St

Remarks Healthy

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23416

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)

4th

1. Sex (state whether Male or Female)

female

2. Race or Color (if not of the white race)

3. Date of Birth

February 13th 1878

4. Place of Birth (Street and Number)

20 David St.

5. Full Name of Mother

Amanda Howard

6. Mother's Maiden Name

Amanda Horn

7. Mother's Birthplace

Germany

8. Full Name of Father

John Howard

9. Father's Occupation

porter

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Sarah Casper

Address

52 E Lombard St.

Remarks



Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

23417

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c) *1st*

1. Sex (state whether Male or Female) *male*

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

February 13th 1878
107 Dexter Str.
Catherine Weaver
Catherine Condit
U. States
William Weaver
Machinist
United States
Lough Casper
52 E Lombard Str.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23419



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)
2. Race or Color (if not of the white race)
3. Date of Birth
4. Place of Birth (Street and Number)
5. Full Name of Mother
6. Mother's Maiden Name
7. Mother's Birthplace
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace

Female

White

Feb 16th 88

67 Broad St

Mary Emily

Larmann

Bailey

Eastern Shore

Wm Bailey

Cracker

Baltimore

Mrs Ann Nash

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Extract Regulations of the Board of Health to secure a just and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

23420
HEALTH DEPT.
FEB 18 1878
MORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Feb. 13th 1878*

4. Place of Birth (Street and Number) *379 Lombard St.*

5. Full Name of Mother *Gertrude Newbeck*

6. Mother's Maiden Name *Gertrude Weigant*

7. Mother's Birthplace *Germany*

8. Full Name of Father *Frank Newbeck*

9. Father's Occupation *Laborer*

10. Father's Birthplace *Germany*

Name of Medical Attendant, or other Person who makes this return

Address *No. 137 Walpole St.*

Remarks

Mrs. Mary Annell

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No 264.

RETURN OF A BIRTH.

23421



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) white

3. Date of Birth Febr. 13. 1878

4. Place of Birth (Street and Number) W. Register St. No. 42

5. Full Name of Mother Mary Ellen Abel

6. Mother's Maiden Name Bittel

7. Mother's Birthplace Baltimore

8. Full Name of Father Edgar Abel

9. Father's Occupation Seaman

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this return Mrs. H. P. P. P. P.

Address W. Hall's St. No. 23

Remarks Underweight

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23492

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

11

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

3. Date of Birth

14 Feb 1878

4. Place of Birth (Street and Number)

110 S. Bond St.

5. Full Name of Mother

Antonine Strumsky

6. Mother's Maiden Name

Robelle

7. Mother's Birthplace

Germany

8. Full Name of Father

Frank Strumsky

9. Father's Occupation

Shoe maker

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who make this Return.

Gertrude Miller

Address

151 E. Pratt St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, apothecary, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23423

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Jan 14 d 1878*

4. Place of Birth (Street and Number) *64 S. Washington St.*

5. Full Name of Mother *Amelia Ann Melone*

6. Mother's Maiden Name *Esther Williams*

7. Mother's Birthplace *Williams, Ireland*

8. Full Name of Father *William Melone*

9. Father's Occupation *Technician*

10. Father's Birthplace *Ireland*

Name of Medical Attendant, or other Person who makes this return *M. R. Rudiger*

Address *24 S. Bond St.*

Remarks

That any physician, nurse, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23424

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Feb. 14th 1878*
4. Place of Birth (Street and Number) *163 W. Lombard St., Intermit*
5. Full Name of Mother *Fanny White*
6. Mother's Maiden Name *Howard*
7. Mother's Birthplace *Ind.*
8. Full Name of Father *Unknown*
9. Father's Occupation *"*
10. Father's Birthplace *"*
- Name of Medical Attendant, or other Person who makes this return *Dr. J. H. Lombel*
- Address *163 W. Lombard St.*
- Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23425

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1
 1. Sex (state whether Male or Female) Female
 2. Race or Color (if not of the white race) White
 3. Date of Birth 14 Feb 1878
 4. Place of Birth (Street and Number) 123 So Washington St
 5. Full Name of Mother Mary E Bruce
 6. Mother's Maiden Name Mary E Lloyd
 7. Mother's Birthplace Baltimore
 8. Full Name of Father Frank J Bruce
 9. Father's Occupation Householder
 10. Father's Birthplace Paese
 Name of Medical Attendant, or other Person who makes this Return. Mrs E Lloyd
 Address 193 So Chester St
 Remarks Healthy

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3
 1. Sex (state whether Male or Female) Female
 2. Race or Color (if not of the white race) White
 3. Date of Birth 14 Feb 1878
 4. Place of Birth (Street and Number) 167 Wolf = Bond St.
 5. Full Name of Mother Esther James
 6. Mother's Maiden Name Annie Deal
 7. Mother's Birthplace Baltimore
 8. Full Name of Father Charles James
 9. Father's Occupation Cause Carpenter
 10. Father's Birthplace Baltimore
 Name of Medical Attendant, or other Person who makes this Return. Mess E Gray
 Address 193 10 Chester St
 Remarks Healthy

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

23427



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Female
White
Feb 4 1877
443 B'nor St
Elizabeth C. Fleischman

Elizabeth C. Bruner

Germany

Andrew Fleischman

Boat Maker

Germany

Mrs M. Strong

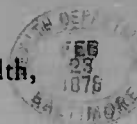
No. 12. Lancaster Street

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23428

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Colored

3. Date of Birth 14 February

4. Place of Birth (Street and Number) King Street No 1

5. Full Name of Mother Margaret Turner

6. Mother's Maiden Name Margaret Turner

7. Mother's Birthplace Alabama

8. Full Name of Father William Turner

9. Father's Occupation Carman

10. Father's Birthplace Alabama

Name of Medical Attendant, or other Person who makes this return Willie Grace

Address 181 York Street

Remarks Dr. C. D. Lyall

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23429



To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

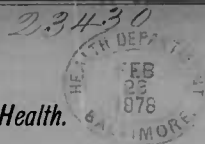
No. of Child of Mother (state whether 1st, 2d, 3d, &c) *First*
 1. Sex (state whether Male or Female) *Male*
 2. Race or Color (if not of the white race) *White*
 3. Date of Birth *14th Feby.*
 4. Place of Birth (Street and Number) *317 Hamling St.*
 5. Full Name of Mother *Maggie Becker.*
 6. Mother's Maiden Name *Bursch*
 7. Mother's Birthplace *Prussia*
 8. Full Name of Father *Christopher Becker.*
 9. Father's Occupation *Carpenter*
 10. Father's Birthplace *Near Hesseu Germany*
 Name of Medical Attendant, or other Person who makes this Return. *Mary Kuhn*
 Address *328 South Euter St.*
 Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Feb. 14/98

4. Place of Birth (Street and Number) 394 N. Lombard St.

5. Full Name of Mother Mrs. J. Mosberg

6. Mother's Maiden Name Lee

7. Mother's Birthplace Balt. Md.

8. Full Name of Father Arthur Mosberg

9. Father's Occupation Engineer

10. Father's Birthplace Frederick Co. Md.

Name of Medical Attendant, or other Person who makes this Return. Dr. E. J. [unclear]

Address 379 N. Lombard St.

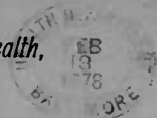
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23431

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *the 8*
1. Sex (state whether Male or Female) *Febr.*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *the 14 Febr.*
4. Place of Birth (Street and Number) *1319 Heffer ave*
5. Full Name of Mother *Catharina Rosman*
6. Mother's Maiden Name *Catharina Brenning*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Abner Brenning*
9. Father's Occupation *Cabinetmaker*
10. Father's Birthplace *Heffer Con*
- Name of Medical Attendant, or other Person who makes this Return.
- Address *Mrs. Lauer*
- Remarks *1173. Heffer ave*

RETURN OF A BIRTH.

224221

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *the 6*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *the 14 of Feb*
4. Place of Birth (Street and Number) *No 253 Chase St*
5. Full Name of Mother *Mary Kellerman*
6. Mother's Maiden Name *Mary Manner*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Robert Manner*
9. Father's Occupation *Iron Worker*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Alfred Sauer*
- Address *173 Thayer St.*
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *9th child*

1. Sex (state whether Male or Female) *male*

2. Race or Color (if not of the white race) *colored*

3. Date of Birth *14th inst*

4. Place of Birth (Street and Number) *no 70 welcomall*

5. Full Name of Mother *Mary Elisabeth Brooks*

6. Mother's Maiden Name *Mary Elisabeth Ross*

7. Mother's Birthplace *Colbert County*

8. Full Name of Father *James Brook*

9. Father's Occupation *labour*

10. Father's Birthplace *Colbert County*

Name of Medical Attendant, or other Person who makes this return *Mrs Lydia Parker*

Address *no 14 paterson avenue*

Remarks *healthy child*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

234311

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child
 1. Sex (state whether Male or Female) Male
 2. Race or Color (if not of the white race) Colored
 3. Date of Birth 14th of Feb. 1878
 4. Place of Birth (Street and Number) No. 7 Gray ally.
 5. Full Name of Mother Mary Ellen Green
 6. Mother's Maiden Name " " Pendleton
 7. Mother's Birthplace Indian Town, Lechester Co
 8. Full Name of Father Washington Green
 9. Father's Occupation Blacksmith
 10. Father's Birthplace Middleford, Delaware
 Name of Medical Attendant, or other Person who makes this Return. Edwin Stiles
 Address 12 Sharp St.
 Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

234357

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Feb. 14 1898

4. Place of Birth (Street and Number)

28 Port St.

5. Full Name of Mother

Annie Hill

6. Mother's Maiden Name

Annie Baker

7. Mother's Birthplace

Baltimore

8. Full Name of Father

John Hill

9. Father's Occupation

Laborer

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

H. L. Wilkes M.D.

Address

17 S. Baltimore

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23436

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c)

2nd

1. Sex (state whether Male or Female)

male

2. Race or Color (if not of the white race)...

3. Date of Birth

February 14th 1878

4. Place of Birth (Street and Number)

62 Canal Str.

5. Full Name of Mother

Anny Gough

6. Mother's Maiden Name

Anny Michel

7. Mother's Birthplace

United States

8. Full Name of Father

Charles Couch

9. Father's Occupation

Steward

10. Father's Birthplace

United States

Name of Medical Attendant, or other Person who makes this Return.

Sarah Barker

Address

52 E Lombard Str

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23437
HEALTH DEPT.
B
1878
Baltimore

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Feb. 16th 1878

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th 11
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White.
3. Date of Birth Feb. 14th 1878.
4. Place of Birth (Street and Number) 27 Ellicott St.
5. Full Name of Mother Lena Fehsenfeld.
6. Mother's Maiden Name Lena Peters.
7. Mother's Birthplace Germany.
8. Full Name of Father Louis Fehsenfeld.
9. Father's Occupation Cigar Maker.
10. Father's Birthplace Germany.
- Name of Medical Attendant, or other Person who makes this return Mrs. Mary Freund.
- Address No. 127 Wolfe St.
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. He or their physician, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

23438

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *14th February 1878*
4. Place of Birth (Street and Number) *Exchange St. 2393*
5. Full Name of Mother *Margaretta Schorr*
6. Mother's Maiden Name *" " Fager*
7. Mother's Birthplace *Baltimore City.*
8. Full Name of Father *Georg Schorr*
9. Father's Occupation *Barber*
10. Father's Birthplace *Ausbach, Bavaria, Germany*
- Name of Medical Attendant, or other Person who makes this Return. *William Kennel M.D.*
- Address *S. Walpole St. 117.*
- Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23439

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, &c.)

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Feb. 23/78
4. Place of Birth (Street and Number) 14 Walker St
5. Full Name of Mother Francis Hamm
6. Mother's Maiden Name Louchner
7. Mother's Birthplace Agoston, Mo
8. Full Name of Father Nicholas Hamm
9. Father's Occupation B. & O. R.R. Conductor
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

A. L. Spearhawk
879 Lombard St

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23440

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *14th*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *February 15th 1878.*
4. Place of Birth (Street and Number) *257. Sigsbee St.*
5. Full Name of Mother *Catherine Hartman.*
6. Mother's Maiden Name *Catherine Anker.*
7. Mother's Birthplace *Germany.*
8. Full Name of Father *John Hartmann.*
9. Father's Occupation *Shoemaker.*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *And H. Hegeist.*
- Address *No 182. N Monument St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23441

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3 d.

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

white

3. Date of Birth

Febr 15. 1875

4. Place of Birth (Street and Number)

250 E. Edenstreet

5. Full Name of Mother

Genie Braun

6. Mother's Maiden Name

J. Keesch

7. Mother's Birthplace

America

8. Full Name of Father

Heinrich Braun

9. Father's Occupation

Shal Lecher

10. Father's Birthplace

America

Name of Medical Attendant, or other Person who makes this return

Mr. R. K. Kline

Address

137 S. Bondstreet

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

234421

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *W. White*
3. Date of Birth *February 15th*
4. Place of Birth (Street and Number) *Canton Ave 392*
5. Full Name of Mother *Barbra Levy*
6. Mother's Maiden Name *Karin*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Geob Levy*
9. Father's Occupation *Driver*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Goetzke*
- Address *1855 S. Bond St*
- Remarks

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23443

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c)

Second.

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

January the 15th. 1878.

4. Place of Birth (Street and Number)

No 73 Hillen St. 2nd. Cor. N. of E. St.

5. Full Name of Mother

Mary Franz.

6. Mother's Maiden Name

Albani Cook

7. Mother's Birthplace

Baltimore City

8. Full Name of Father

John Franz.

9. Father's Occupation

Shoemaker.

10. Father's Birthplace

Prussia.

Name of Medical Attendant, or other Person who makes this Return.

W. J. Bull.

Address

No 185 S. E. cor. of Monument & Central av.

Remarks

Parable well.

Birth Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23444

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



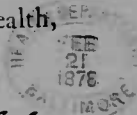
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *one child one mother*
1. Sex (state whether Male or Female) *male*
 2. Race or Color (if not of the white race) *Colored race*
 3. Date of Birth *February the 15-1878*
 4. Place of Birth (Street and Number) *Little Broadway Coat St 2*
 5. Full Name of Mother *Mattilda Tinson*
 6. Mother's Maiden Name *Mattilda Scott*
 7. Mother's Birthplace *Harford County Md*
 8. Full Name of Father *Isaac Tinson*
 9. Father's Occupation *Lumber*
 10. Father's Birthplace *Harford County Md*
- Name of Medical Attendant, or other Person who makes this Return. *Lurinda Towford*
- Address *Register St No 130 Baltimore Md*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

2,344-5-



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2^d Child

1. Sex (state whether Male or Female)

Female,

2. Race or Color (if not of the white race)

3. Date of Birth

Feb'y 15th 1878

4. Place of Birth (Street and Number)

534. S. Charles, St.

5. Full Name of Mother

Madora E. Costin,

6. Mother's Maiden Name

" " Zimmer.

7. Mother's Birthplace

Port Deposit, Md.

8. Full Name of Father

James M. Costin,

9. Father's Occupation

Stone Moulder,

10. Father's Birthplace

Fayetteville, Va.

Name of Medical Attendant, or other Person who makes this return

R. J. N. Tall, M.D.

Address

152 Sharp St.

Remarks

Child living

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23114-6

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) _____
3. Date of Birth 13. February 1878
4. Place of Birth (Street and Number) 12th Hollins St
5. Full Name of Mother Margaret L. Harves
6. Mother's Maiden Name Margaret L. Klug
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Geo J Harves
9. Father's Occupation Sugar Maker
10. Father's Birthplace Baltimore Md
- Name of Medical Attendant, or other Person who makes this Return. Catharine Selbach Westcott
- Address 499
- Remarks _____

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *11th child*
1. Sex (state whether Male or Female) *Female.*
2. Race or Color (if not of the white race)
3. Date of Birth *15th day of February, 1878*
4. Place of Birth (Street and Number) *St. Fredrick Rod.*
5. Full Name of Mother *Mary Thinkler.*
6. Mother's Maiden Name *" Tharchinim.*
7. Mother's Birthplace *Saxon Kyptburg.*
8. Full Name of Father *John Thinkler.*
9. Father's Occupation *Cupar.*
10. Father's Birthplace *Rissenburg Baeran.*
- Name of Medical Attendant, or other Person who makes this Return. *Miss Anne Lindner.*
- Address *No 45. Monro. St. Balto. Md.*
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23448

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race) Colored

3. Date of Birth feb 15-1878

4. Place of Birth (Street and Number) 934 Vine st

5. Full Name of Mother m. davis

6. Mother's Maiden Name 17

7. Mother's Birthplace Esis va

8. Full Name of Father philip davis

9. Father's Occupation Lobbier

10. Father's Birthplace Esis va

Name of Medical Attendant, or other Person who makes this Return. Charlotte proctor

Address 10 Carlton st m.d.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23449

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3th*
1. Sex (state whether Male or Female) *Boy*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *15 February*
4. Place of Birth (Street and Number) *183 Register Street*
5. Full Name of Mother *Salomea Burin'ska*
6. Mother's Maiden Name *Kordon'sky*
7. Mother's Birthplace *Strohen* *Germany*
8. Full Name of Father *Michael Kordon'sky*
9. Father's Occupation
10. Father's Birthplace *Logierwiltz* *Germany*
- Name of Medical Attendant, or other Person who makes this return *Maxim Giltner*
- Address *Wolfe Street 245.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

3. Date of Birth

13th of February

4. Place of Birth (Street and Number)

No 5 Cathedral St.

5. Full Name of Mother

Mary Elliott

6. Mother's Maiden Name

.. Mary

7. Mother's Birthplace

Baltimore

8. Full Name of Father

John Elliott

9. Father's Occupation

Letter carrier.

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Charlotte Grosby.

Address

369 Cathedral St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH.

23457

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Male 2

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Feb 15

4. Place of Birth (Street and Number) 19 Wall

5. Full Name of Mother Kathleen Egan

6. Mother's Maiden Name Conway

7. Mother's Birthplace Ireland

8. Full Name of Father John Egan

9. Father's Occupation Labourer

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Ursula J. Chrisman

Address No 7 Forrest Place

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23452

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
 1. Sex (state whether Male or Female) *Male.*
 2. Race or Color (if not of the white race) _____
 3. Date of Birth *15th of February.*
 4. Place of Birth (Street and Number) *No. 8 Federal St.*
 5. Full Name of Mother *Mary Gillan.*
 6. Mother's Maiden Name *McElroy.*
 7. Mother's Birthplace *Ireland.*
 8. Full Name of Father *James Gillan*
 9. Father's Occupation *Laborer.*
 10. Father's Birthplace *Ireland.*
 Name of Medical Attendant, or other Person who makes this Return. *Charlotte Crosby.*
 Address *369 Cathedral St.*
 Remarks _____

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

23453

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) _____
1. Sex (state whether Male or Female) _____
2. Race or Color (if not of the white race) _____
3. Date of Birth _____
4. Place of Birth (Street and Number) _____
5. Full Name of Mother _____
6. Mother's Maiden Name _____
7. Mother's Birthplace _____
8. Full Name of Father _____
9. Father's Occupation _____
10. Father's Birthplace _____
- Name of Medical Attendant, or other Person who makes this Return. _____
- Address _____
- Remarks _____

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23454

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second
Female

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

White

3. Date of Birth

February 16th 1878

4. Place of Birth (Street and Number)

No. 123 Franklin St.

5. Full Name of Mother

Mary O'Neill.

6. Mother's Maiden Name

James.

7. Mother's Birthplace

Balto. City

8. Full Name of Father

Joseph O'Neill

9. Father's Occupation

Clerk

10. Father's Birthplace

Balto. City

Name of Medical Attendant, or other Person who makes this Return.

Louis W. Knight M.D.

Address

112 N. Greene St.

Remarks

That any physician, nurse, midwife, or other person in charge, who shall attend, assist or conduct at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



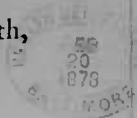
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Seventh*
1. Sex (state whether Male or Female) *girl a Jew,*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Feb. 16th*
4. Place of Birth (Street and Number) *63 Harrison St*
5. Full Name of Mother *Yetta Marks*
6. Mother's Maiden Name *Servis*
7. Mother's Birthplace *Russia*
8. Full Name of Father *Simeon Marks*
9. Father's Occupation *Dealer in second hand goods*
10. Father's Birthplace *Poland*
- Name of Medical Attendant, or other Person who makes this return *Wm R. Allen*
- Address *418 Halland St*
- Remarks *Bolt and*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23456

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9th
Female

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

Feb 16th 1888

4. Place of Birth (Street and Number)

30 Prince George St

5. Full Name of Mother

Henry J. J. J. J.

6. Mother's Maiden Name

" " " " "

7. Mother's Birthplace

Baltimore Md

8. Full Name of Father

James H. H. H.

9. Father's Occupation

Furniture Dealer

10. Father's Birthplace

Baltimore Md

Name of Medical Attendant, or other Person who makes this return

James H. H. H.

Address

220 Prince George St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23457

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

EB
20
878

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this return

Address

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, as or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2,3458

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Dec. 11 1878*

4. Place of Birth (Street and Number) *257 W. Lombard St.*

5. Full Name of Mother *Charles Mason*

6. Mother's Maiden Name *Phoebe*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *John Mason*

9. Father's Occupation *Carriage Driver*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this return *Dr. J. H. Smith*

Address *123 N. Main St.*

Remarks *Child born healthy and strong.*

That any physician, apothecary, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23459

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Feb 11 1895

4. Place of Birth (Street and Number) 433 N. Falls St.

5. Full Name of Mother Ellen Blackman

6. Mother's Maiden Name Ellen Blackman

7. Mother's Birthplace Baltimore

8. Full Name of Father John Blackman

9. Father's Occupation Laborer

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this return Dr. J. H. Blackman

Address 433 N. Falls St.

Remarks None

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23460

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third (3)*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *16th Feb 1878*
4. Place of Birth (Street and Number) *No 27 Henrietta St Balt Md*
5. Full Name of Mother *Mrs. Mauchie Edwards*
6. Mother's Maiden Name *Mrs. Mauchie Lowrey*
7. Mother's Birthplace *Baltimore City*
8. Full Name of Father *Marcellus Edwards*
9. Father's Occupation *Coiner*
10. Father's Birthplace *Northumberland Co Va*
- Name of Medical Attendant, or other Person who makes this Return. *Wm. H. Perry*
- Address *No 32. Leaden Hall*
- Remarks

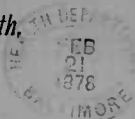
rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23461

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first*
1. Sex (state whether Male or Female) *male*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *February 16 1875*
4. Place of Birth (Street and Number) *No. 1 1/2 West Broadway*
5. Full Name of Mother *Eliza Hall*
6. Mother's Maiden Name *John Lee*
7. Mother's Birthplace
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace
- Name of Medical Attendant, or other Person who makes this Return *C. Hallatt & Son*
- Address *25 S. Roberson St*
- Remarks *none*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23462

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth 16 February
4. Place of Birth (Street and Number) Fishburghead 4 122
5. Full Name of Mother Betty Fleisch
6. Mother's Maiden Name Betty Lehmann
7. Mother's Birthplace Germane
8. Full Name of Father Abraham Fleisch
9. Father's Occupation Butcher
10. Father's Birthplace Germane
- Name of Medical Attendant, or other Person who makes this Return. Catharine Sebach
- Address West Pratt st 479
- Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

23463



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 44
1. Sex (state whether Male or Female) White
2. Race or Color (if not of the white race) Feb 16/98
3. Date of Birth 817
4. Place of Birth (Street and Number) Harlem Ave
5. Full Name of Mother Teresa Hoff
6. Mother's Maiden Name Scharf
7. Mother's Birthplace Balt. Md
8. Full Name of Father J. Melbur Hoff
9. Father's Occupation Merchant
10. Father's Birthplace Balt. Md
- Name of Medical Attendant, or other Person who makes this Return. A. L. Smith
- Address 379 N Lombard St
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

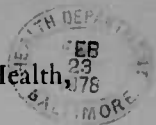
23464
FEB 23 1878
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *5th Child*
 1. Sex (state whether Male or Female) *Male*
 2. Race or Color (if not of the white race) *Colored George W Adams*
 3. Date of Birth *February 16 - 1878*
 4. Place of Birth (Street and Number) *No 1 Mason Alley*
 5. Full Name of Mother *Celia Adams*
 6. Mother's Maiden Name *Kelvine Moody*
 7. Mother's Birthplace *Baltimore Md*
 8. Full Name of Father *Arred Adams*
 9. Father's Occupation *Stone Mason*
 10. Father's Birthplace *Piney Wood*
 Name of Medical Attendant, or other Person who makes this Return. *Dr Page*
 Address *Landon Avenue Doffman*
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. He or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

over 23465-



To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name of child; Charles H. High
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex (state whether Male or Female) Male
 2. Race or Color (if not of the white race) White
 3. Date of Birth Feb. 16th 1878
 4. Place of Birth (Street and Number) Baltimore Parkin St. No. 46
 5. Full Name of Mother Phariett High
 6. Mother's Maiden Name Phariett Cook
 7. Mother's Birthplace Baltimore
 8. Full Name of Father George High
 9. Father's Occupation Laborer
 10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this return Mrs. C. Mitchell
Address No. 122 Parkin St.
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23466

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

February 16th 1878

4. Place of Birth (Street and Number)

163 W. Lombard St.

5. Full Name of Mother

Birdie Gardner

6. Mother's Maiden Name

Baltimore

7. Mother's Birthplace

Unknown

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this return

Dr. Wm. Loomis
163 W. Lombard St.

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23467

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)

male 1

1. Sex (state whether Male or Female)

male

2. Race or Color (if not of the white race)

3. Date of Birth

16th Feb. 1878

4. Place of Birth (Street and Number)

17 Jefferson St.

5. Full Name of Mother

Annis Fitch

6. Mother's Maiden Name

" Marlborough

7. Mother's Birthplace

U. States

8. Full Name of Father

Joseph Fitch

9. Father's Occupation

Builder

10. Father's Birthplace

U. States

Name of Medical Attendant, or other Person who makes this Return.

Dr. C. C. Cooper

Address

536 Lombard.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23468

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th
Male.

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

16th of February

4. Place of Birth (Street and Number)

Hudson Alley. No number

5. Full Name of Mother

Mary Maguire

6. Mother's Maiden Name

McEntyre

7. Mother's Birthplace

Ireland.

8. Full Name of Father

Patrick Maguire

9. Father's Occupation

Salager.

10. Father's Birthplace

Ireland.

Name of Medical Attendant, or other Person who makes this Return.

Charlotte Crosby

Address

369 Cathedral St.

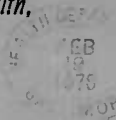
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23469

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth The 16 of Feb 1878

4. Place of Birth (Street and Number) No 4 Hotel Concord St

5. Full Name of Mother Mage Henri

6. Mother's Maiden Name Mage Reegen

7. Mother's Birthplace Tellatassia

8. Full Name of Father Guas Reegen

9. Father's Occupation Seaman

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return.

Address 111 Starport Ave

Remarks Mrs. Sauer 1878

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23470

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Fourth (4) th

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

February 16th 1898

4. Place of Birth (Street and Number)

No 19 Woodward St

5. Full Name of Mother

Eliza Fish

6. Mother's Maiden Name

Wolf

7. Mother's Birthplace

8. Full Name of Father

Robert Fish

9. Father's Occupation

10. Father's Birthplace

Quinn Ann D. M.D.

Name of Medical Attendant, or other Person who makes this Return.

Dr. J. B. Black

Address

1408 Scott St

Remarks

This was a normal labour child delivered in a good condition died very suddenly on the 17th no cause assigned B

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

900
Female

White

Saturday Feb 16th 1898

54 Patuxent St

Mary Francis Reynolds

M. G. Robinson

Baltimore

George Dolfos Reynolds

Laborer

Baltimore

J. P. Pickens M.D.

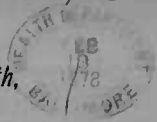
28 O'Donnell St.



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23472



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

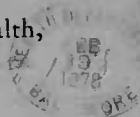
No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *3rd*
 1. Sex (state whether Male or Female) *Male*
 2. Race or Color (if not of the white race) *White*
 3. Date of Birth *Feb 16th 1878*
 4. Place of Birth (Street and Number) *377 E. Balt st*
 5. Full Name of Mother *Agnes V. Horner*
 6. Mother's Maiden Name *Agnes V. Blacklar*
 7. Mother's Birthplace *Balt Md*
 8. Full Name of Father *James R. Horner*
 9. Father's Occupation *Clerk*
 10. Father's Birthplace *Balt Md*
 Name of Medical Attendant, or other Person who makes this Return. *John Horner*
 Address *286 E. Balt st*
 Remarks *Balt Md.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

221178.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female.

2. Race or Color (if not of the white race) White.

3. Date of Birth Feb. 16th 1878.

4. Place of Birth (Street and Number) 11 Spruce Alley.

5. Full Name of Mother Lizzie Hagedorn

6. Mother's Maiden Name Lizzie Schneider

7. Mother's Birthplace Germany.

8. Full Name of Father John Hagedorn.

9. Father's Occupation Sailor.

10. Father's Birthplace Germany.

Name of Medical Attendant, or other Person who makes this return

Address Dr. W. Hagedorn

Remarks

Dr. Mary Amenet

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

23474
MAR 4 1878
BAL MORE

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fifth*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Feb'y 17 78*
4. Place of Birth (Street and Number) *265 Biddle*
5. Full Name of Mother *Hester Harcourt*
6. Mother's Maiden Name *Adams*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Wm. M. Harcourt*
9. Father's Occupation *Printer*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *W. H. Kemp*
- Address *223 Franklin.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the residence name of the mother of such child or children.

RETURN OF A BIRTH.

23475

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th Child*
 1. Sex (state whether Male or Female) *Male*
 2. Race or Color (if not of the white race) *White*
 3. Date of Birth *geboren den 17 Februar*
 4. Place of Birth (Street and Number) *N 214 Albinander*
 5. Full Name of Mother *Berta Bernhartine Zeller*
 6. Mother's Maiden Name *Bernhartine Hoffmann*
 7. Mother's Birthplace *Baltimore*
 8. Full Name of Father *Wilhelm Zeller*
 9. Father's Occupation *Berger*
 10. Father's Birthplace *Deutschland*
 Name of Medical Attendant, or other Person who makes this return *Friederike Krausmann*
 Address *N 289 Eastern St*
 Remarks *Henne*



CITY HALL
BALTIMORE 2, MARYLAND

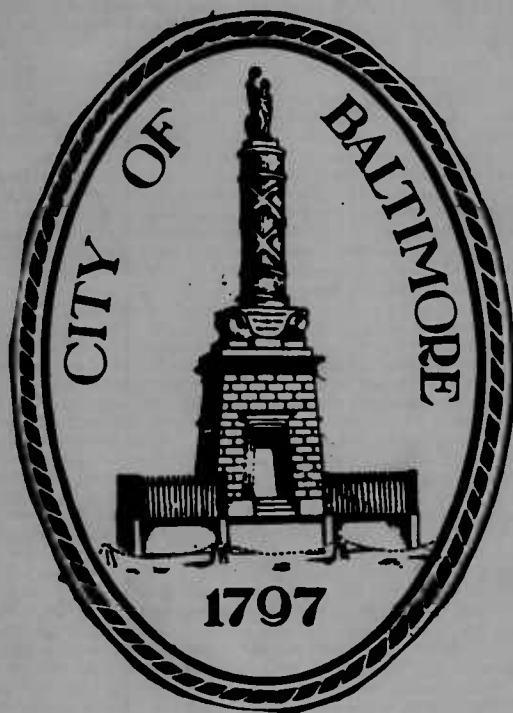
DEPARTMENT OF LEGISLATIVE REFERENCE
RECORDS MANAGEMENT DIVISION

CERTIFICATION

THIS IS TO CERTIFY THAT ON THIS 11th DAY Oct
OF 1963 THE MICROPHOTOGRAPHS APPEARING
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RECORDS OF THE DEPARTMENT OF Health
BUREAU OF Vital Statistics AS DELIVERED
IN THE REGULAR COURSE OF BUSINESS FOR
PHOTOGRAPHING, AND THAT:

TO THE BEST OF MY KNOWLEDGE THE MICROFILM
MEETS THE REQUIREMENTS OF THE NATIONAL BUREAU
OF STANDARDS FOR PERMANENT MICROPHOTOGRAPHIC
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CAMERA OPERATOR: Ronald J. Shaffer



END OF REEL